



Philippine Health Insurance Corporation
PHILHEALTH PREMIUM PAYMENT SLIP

VALIDATION DETAILS:

(This is your PhilHealth Official Receipt when system validated)

SPA No.: _____

AMOUNT: _____

MEMBER'S/ AGENCY NAME: _____

PIN/ PEN: _____

CERTIFIED CORRECT: _____

CONTACT NO./ EMAIL: _____

MEMBER'S/ AGENCY NAME/ REPRESENTATIVE
 (PRINTED NAME & SIGNATURE/ DATE)

PAYOR'S COPY



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