


PhilHealth-SOP-\_\_-F\_\_

**PHILHEALTH PAYMENT SLIP (HOUSEHOLD)**  **PhilHealth**  
*(For Payment Use Only in the Local Health Insurance Office (LHIO) of PhilHealth)* *Your Partner in Health*

**PIN OF KASAMBAHAY / FAMILY DRIVER:**  
  -           -

**NAME OF KASAMBAHAY / FAMILY DRIVER :**  
 \_\_\_\_\_

**PEN of HOUSEHOLD EMPLOYER:**  
  -           -


**NAME OF HOUSEHOLD EMPLOYER:**  
 \_\_\_\_\_

**APPLICABLE PERIOD:**  
**FROM :**     **TO :**      
           M M Y Y           M M Y Y

**AMOUNT PAID** ➡  PHP

**CERTIFIED CORRECT:**  
 \_\_\_\_\_  
 Printed Name and Signature of Household Employer

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