

**[PHIC PHILHEALTH CIRCULAR NO. 18, S. 2003,
May 28, 2003]**

**UPDATED SUMMARY OF DOCUMENTARY REQUIREMENTS IN THE
AVAILMENT OF NHIP (MEDICARE) BENEFITS**

This summary is a consolidation of applicable requirements in filing claims applications based on related issuances released by the Corporation for easy reference. There are no changes in the current documentary requirements except for consideration of Member Data Record (MDR) as the primary document for proof of dependency for legal dependents of registered Individually Paying Member (IPM) and Non-Paying Member (NPM) in case applicable legal documents are not available.

It should be clarified however, that in the medical evaluation of the claim, PhilHealth may still require other or additional documents when deemed necessary for a more accurate evaluation of the claims.

Accordingly, this Circular supercedes or amends PhilHealth Circular Nos. 46 46-A, 46-B, 68 (Item 5), 69, and 71 all Series of 1999, PhilHealth Circular Nos. 01, 13, 21 and 28 all Series of 2000, and PhilHealth Circular Nos. 08, 19, 20 and 25 (Item 8) all Series of 2001. All the other provisions of said circulars or issuances which are not inconsistent herewith shall remain in full force and effect. This Circular shall apply only to admissions starting July 1, 2003.

Please be guided accordingly.

Adopted: 28 May 2003

(SGD.) FRANCISCO T. DUQUE III, MD, MSc
President and CEO

**Updated Summary of Documentary Requirements in the Availment of NHIP
(Medicare) Benefits**

All Claims application should attach the Duly Accomplished PhilHealth Claim form 1 and the following Requirement/s:

MEMBERSHIP CATEGORY

REQUIREMENTS

I. EMPLOYED SECTOR

**Duly accomplished PhilHealth
Claim Form 1 is sufficient.**

In case item no. 16 (Certification of
Employer) in PhilHealth Claim Form

1 is not properly accomplished, require submission of the following:

- Accomplishment of item 16 of PhilHealth Claim Form 1 AND

Any of the following:

- Photocopy of Employer's Quarterly Remittance Report Form (RF 1) and Photocopy of Duly Validated Revised Contributions Payment Return Form for Employed Sector (ME 5); or
- Photocopy of Official Receipts of accredited banks

II. INDIVIDUALLY PAYING MEMBER Photocopy of member's PhilHealth ID Card AND

Any of the following:

- Photocopy of Duly validated Contribution Payment Return Form (MI 5).
- Photocopy of Machine printed receipt/s.
- Photocopy of Official Receipts of PhilHealth accredited banks.
- Photocopy of Official receipt/s of the Republic of the Philippines (for over the counter payment).

III. NON-PAYING MEMBERS

A. Registered Non-Paying member with Card Photocopy of member's PhilHealth ID Card PhilHealth ID

B. Non-Registered Non-Paying member **Any** of the following:

B.1. SSS Old-Age Retiree - A member who has reached the age of 60 with 120 monthly Medicare premium contributions.

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is retirement in nature and the effectivity date of pension.
- Photocopy of the Retiree-Pensioner Certificate issued by

SSS indicating the effectivity date of retirement.

B.2. GSIS Old-Age Retiree - A member who has reached the age of 60 years old. To include GSIS member who availed of early retirement and has reached the age of 60 years old upon confinement and has paid 120 monthly Medicare premium contributions.

Any of the following:

- Photocopy of Certification/Letter of Approval of Retirement from the GSIS indicating the effectivity date of retirement.
- Photocopy of Service Record issued by the employer/s showing rendered service of not less than 120 months exclusive of leave of absences without pay.
- Photocopy of Certification/Retirement Gratuity from the employer indicating services of not less than 120 months.
- Photocopy of retirement voucher issued by GSIS

B.3 SSS Survivorship Pensioner PRIOR to effectivity of RA 7875 on March 4, 1995.

Any of the following:

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is survivorship in nature and the effectivity date of pension.
- Photocopy of Survivorship Pensioner Certification issued by SSS indicating effectivity date of pension.

B.4 SSS/GSIS Disability Pensioner PRIOR to effectivity of RA 7875 on March 4, 1995

Any of the following:

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is disability in nature and the effectivity date of pension.
- Photocopy of Disability Pensioner Certification issued by SSS/GSIS indicating effectivity date of pension or the period of coverage for SSS/GSIS disabled pensioner.

B.5. Uniformed AFP, PNP, BJMP and BFP Retirees/Pensioners -

Those who has reached age of 56 years old (compulsory retirement) and those separated for other reasons prior to said age and have reached the age of 60 prior to confinement

Any of the following:

- Photocopy of General/Special or Bureau Order indicating effectivity date of retirement from the Service Command/Headquarters or Bureau.
- Photocopy of Certification/Letter of Approval of Retirement from the GSIS indicating services of not less than 120 months.
- Photocopy of Statement of Services issued by previous employer showing service of not less than 120 months exclusive of absences without pay.

B.6. Retirees and Pensioners who are Members of the Judiciary

Any of the following:

- Photocopy of Certification of Retirement from the Office of the Court Administrator (OCA) or such other concerned office(s) clearly indicating the tenure of Justice/Judge
- Service Record (leave of absences without pay must be indicated, if any) or duly signed Certification from previous employer/s indicating number of monthly Medicare premium contributions paid.

B.7. Retirees who are members of Constitutional Commissions and other Constitutional Offices

Any of the following:

- Photocopy of Certification of Retirement from the office concerned clearly indicating the tenure of the official/employee.
- Service Record (leave of absences without pay must be indicated, if any) or duly signed Certification from previous employer/s indicating number of monthly Medicare premium contributions paid.

IV. INDIGENT MEMBERS

Any of the following: