

**[PHILHEALTH CIRCULAR NO. 05, S. 2008, April
02, 2008]**

**ADDENDUM TO PHILHEALTH CIRCULAR NO. 18, S. 2007 ON THE
DOCUMENTARY REQUIREMENTS FOR THE BENEFIT AVAILMENT
OF INDIVIDUALLY PAYING MEMBERS (IPMS) UNDER THE GROUP
ENROLLMENT SCHEME**

All members and their qualified dependents covered under the Individually Paying Program through the Group Enrollment Scheme shall be required to submit the following documents to avail of the National Health Insurance Program (NHIP) benefits:

Duly accomplished PhilHealth Claim Form 1.

Clear copy of Certificate of Premium Payment issued by PhilHealth showing payment of at least three (3) monthly contributions within six (6) months prior to confinement. However, for the pregnancy-related cases and other procedures/ services enumerated under PhilHealth Circular No. 24, s. 2003 and PhilHealth Circular No. 36, s. 2006, respectively, the member should have paid at least nine (9) monthly contributions within twelve (12) months prior to availment of -benefits. Attached is a sample of Certificate of Premium Payment^{*}, for your reference.

Clear copy of Member Data Record (MDR)

In case the dependent/s does not appear in the MDR or there is a discrepancy in the member/dependent's record, the member/dependent shall be required to submit any. proof of dependency/appropriate supporting document/s as prescribed in PhilHealth Circular No. 26, series of 2006 re: "Updated Summary of Documentary Requirements".

This Circular shall take effect April 16, 2008.

Adopted: 02 April 2008

(SGD.) LORNA O. FAJARDO
Acting President and CEO

^{*} Text Available at Office of the National Administrative Register, U.P. Law Complex, Diliman, Quezon City.
