

PhilHealth Benefit Eligibility Form

"Bawat Filipino, Miyembro, Bawat Miyembro, Protektado, Kalusugan ng Lahat, Segurado"

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HEALTH CARE INSTITUTION (HCI) INFORMATION

Name of Health Facility : KCCI MEDICAL CENTER
Accreditation No. : H01000908

MEMBER INFORMATION

PhilHealth Identification No. : 190270633343
Name of Member : KAI LN FORTY, KAI FN FORTY KAI MN FORTY
Sex : FEMALE
Date of Birth : FEBRUARY 10, 1974
Member Category : OFW

PATIENT INFORMATION

Name of Patient : KAI LN FORTY, KAI FN FORTY KAI MN FORTY
Date Admitted : APRIL 16, 2025
Date Discharged : APRIL 16, 2025
Sex : FEMALE
Date of Birth : FEBRUARY 10, 1974

ELIGIBILITY INFORMATION

ELIGIBLE TO AVAIL PHILHEALTH BENEFITS? = NO
IS FOR OPD HEMODIALYSIS CLAIM? = Y
With three (3) monthly contributions within the past six(6) months? =
With nine (9) monthly contributions within the past twelve(12) months? =
Number of days remaining from the 45 days benefit limit? =

Reason/s undefined

Attached Documents:
N/A

IMPORTANT REMINDERS:

1. Generation and printing of this form is FREE for all PhilHealth Beneficiaries.
2. This form shall be submitted along with the required PhilHealth claims forms and is valid only for the confinement/admission stated above.
3. This does not include eligibility to the rule of SINGLE PERIOD OF CONFINEMENT(SPC). It shall be established when the claim is processed by PhilHealth. Non-qualification to the rule on SPC shall result to denial of this claim.

Visit www.philhealth.gov.ph



Member/Representative
Signature Over Printed Name / Thumbmark

HCI Portal User
Signature Over Printed Name