

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

PhilHealth Office

[PhilHealth Address]
[City, State, ZIP Code]

Subject: Request for Special Payment Arrangements

Dear PhilHealth Officer,

I hope this letter finds you well. I am writing to request special payment arrangements regarding my PhilHealth contributions.

Due to [briefly explain your situation, e.g., financial hardship, medical expenses], I am currently unable to meet my regular payment obligations. I believe that with a manageable payment plan, I can continue to fulfill my responsibilities while ensuring my access to essential healthcare services.

I kindly request the possibility of [specific payment arrangement you are seeking, e.g., reduced monthly payments, extended payment deadline]. I am committed to resolving this matter and appreciate your understanding and support.

Please let me know what documentation you may require, or if there are any specific procedures I should follow regarding this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your PhilHealth Number]