

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

PhilHealth Customer Service  
Philippine Health Insurance Corporation  
[Office Address]  
[City, State, Zip Code]

Dear Sir/Madam,

Subject: Request for PhilHealth Benefit Eligibility Confirmation

I hope this letter finds you well. I am writing to request confirmation of my eligibility for PhilHealth benefits. My details are as follows:

Name: [Your Full Name]

PhilHealth Number: [Your PhilHealth Number]

Date of Birth: [Your Date of Birth]

Address: [Your Address]

I am seeking clarification regarding my eligibility status as I plan to undergo [brief description of the medical procedure or reason for inquiry]. It is important for me to confirm my benefits before proceeding.

Please let me know if you require any further information or documentation to process my request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]