

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

PhilHealth Customer Service
PhilHealth Building
Pablo O. Domingo Street,
Pasig City, Philippines

Dear PhilHealth Customer Service,
Subject: Inquiry Regarding Coverage Details

I hope this letter finds you well. I am writing to inquire about the coverage details of my PhilHealth membership. My PhilHealth ID number is [Your PhilHealth ID Number].

Specifically, I would like to understand the following:

1. The benefits and services covered under my current membership plan.
2. Any exclusions or limitations that may apply.
3. The process for filing claims for covered services.

Please provide any relevant documents or information that can assist me in understanding my coverage better.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]