

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

PhilHealth

[PhilHealth Office Address]  
[City, State, Zip Code]

Subject: Membership Verification Request

Dear PhilHealth Team,

I hope this letter finds you well. I am writing to request verification of my PhilHealth membership. Below are my details for your reference:

- Full Name: [Your Full Name]
- PhilHealth Number: [Your PhilHealth Number]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]
- Contact Number: [Your Phone Number]

I would appreciate it if you could confirm my membership status as well as any additional information necessary for my records.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]