

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

PhilHealth

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

Dear PhilHealth Representative,

Subject: Request for Replacement of PhilHealth ID

I am writing to formally request the replacement of my PhilHealth ID, which has been lost/damaged. Below are my details for your reference:

Name: [Your Full Name]

PhilHealth Number: [Your PhilHealth Number]

Date of Birth: [Your Date of Birth]

Address: [Your Current Address]

I kindly ask for your assistance in processing my request. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]