

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

PhilHealth Claims Processing

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

Dear PhilHealth Claims Processing,

Subject: Request for Outpatient Treatment Claims

I hope this letter finds you well. I am writing to formally request the processing of my outpatient treatment claims under my PhilHealth membership.

Membership ID: [Your Membership ID]

Claim Reference Number: [Claim Reference Number]

Date of Service: [Date of Treatment]

Provider Name: [Healthcare Provider Name]

Attached to this letter are the necessary documents to support my claim, including:

1. Original receipts of the outpatient treatments
2. Medical certificates from the attending physician
3. Any other relevant documents

I kindly ask that you process my claim at your earliest convenience.

Should you require any additional information or documentation, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]