

# PHILHEALTH PREMIUM PAYMENT SLIP



PIN/ PEN/ POGN:   -           -

BUSINESS/AGENCY NAME : \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_  
(SURNAME) (GIVEN NAME) (MIDDLE NAME)

MEMBER TYPE:

☐ Voluntary ☐ OFW ☐ Sponsored ☐ Private ☐ Government

APPLICABLE PERIOD:

FROM     TO      
M M Y Y M M Y Y

AMOUNT PAID ▶



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