

# Annex I: Letter of Intent for Transfer to a Contracted Health Facility



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
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Case No. \_\_\_\_\_

HEALTH FACILITY (HF)		
ADDRESS OF HF		
<b>A. PATIENT</b>	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number    □□ - □□□□□□□□ - □	
<b>B. MEMBER</b>	<b>(Answer only if the patient is a dependent; otherwise, write, "same as above")</b>	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number    □□ - □□□□□□□□ - □	

## Letter of Intent for the Transfer of Care to a Referral Contracted HF

This is to certify, that patient \_\_\_\_\_, born on \_\_\_\_\_,  
(Name of the Patient) (Date of Birth)  
 age \_\_\_\_\_ years old, residing at \_\_\_\_\_,  
(Address)  
 was diagnosed with \_\_\_\_\_ on \_\_\_\_\_  
(Diagnosis) (Date: mm/dd/yyyy)  
 at the \_\_\_\_\_  
(Name of the Referring Contracted HF)

We would like request for transfer of Breast Cancer Care to \_\_\_\_\_  
(Name of Referral Contracted HF)  
 under the care of \_\_\_\_\_.  
(Name of the Attending Physician)

We understand that upon transfer to a referral contracted HF, we will have to waive all subsequent claims as the referring contracted HF.



