

To Whom It May Concern:

This is to certify that _____ is a Philhealth member with MID number _____.

This further certifies that she has the following contributions to wit:

MONTH	OR NO.	AMOUNT	DATE OF PAYMENT
January 2020	OR# _____		
February 2020	OR# _____		
March 2020	OR# _____		
April 2020	OR# _____		
May 2020	OR# _____		
June 2020	OR# _____		
July 2020	OR# _____		
August 2020	OR# _____		
September 2020	OR# _____		
October 2020	OR# _____		
November 2020	OR# _____		
December 2020	OR# _____		

This certification is issued upon the request of _____ valid for whatever legal purposes it may serve.

Done this _____ day of October 20__ at DEMO Company, Quezon City.

Signed by:

Authorized Signatory