

**PhilHealth**  
*Your Partner in Health*



**12-051495541-2**

PhilHealth Number

**SIERAS, JENNIFER ALQUIZAR**

Name

*Jennifer*  
Signature

**IMPORTANT**

1. The number on this card is your permanent PhilHealth Number.
2. Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
3. In case of loss of this card, please notify PhilHealth and apply for a replacement. Do not apply for a new number.