Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

Case No. _____

Annex "C – Mobility Impairment"

CHECKLIST OF MANDATORY SERVICES
Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT
YEARLY SERVICES AND REPLACEMENT

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

MANDATORY SERVICES

Place a (✓) on the appropriate boxes or write NA if not applicable

I. YEARLY SERVICES
☐ Yearly services for seating device, for ages six months to less than seven years old (to be given minimum of one year after provision of the seating device until less than seven years old)
☐ Yearly services for intermediate wheelchair, for ages seven to less than 18 years old (to be given minimum of one year after provision of the intermediate wheelchair until less than 18 years old)

II. REPLACEMENT
☐ Seating device replacement for ages four to less than seven years old
☐ Basic wheelchair replacement, for ages seven to less than 18 years old

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Rehabilitation Medical Specialist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐–☐	PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐–☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)