



*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](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

**Annex “A – Visual Disabilities”**

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (answer only if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

<p><b>Fulfilled selections criteria</b>   <input type="checkbox"/> <b>Yes</b>   If yes, proceed to pre-authorization application  <input type="checkbox"/> <b>No</b>   If no, specify reason/s and encode          _____</p>
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**PRE-AUTHORIZATION CHECKLIST  
Z BENEFITS FOR CHILDREN WITH VISUAL DISABILITIES**

Place a (✓) in the status column if yes or NA if not applicable

	General Qualifications	Status
1.	The child’s chronological age is 0 to 17 years and 364 days old (required for all)	
2.	The child must have undergone a visual disabilities assessment from an ophthalmologist where the child was categorized into Category 1, 2, 3, 4, or 5 visual disability and determined to need assistive devices with prescribed appropriate rehabilitation plan  Child’s best-corrected visual acuity in the <u>better</u> eye (please tick one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3.	The child needs an ocular prosthesis. Please tick corresponding box: <input type="checkbox"/> The child has an enucleated eye <input type="checkbox"/> Other clinical indications determined by ophthalmologists specify: _____	

Conforme by Patient/Parent/Guardian:

Attested by Attending Ophthalmologist

\_\_\_\_\_  
Printed name and signature

PhilHealth  
Accreditation No.

\_\_\_\_\_  
Printed name and signature

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**Note:**

Once approved, the contracted hospital shall print the approved pre-authorization form and have this signed by the patient, parent or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.

There is no need to attach assessment/diagnostic results. However, these should be included in the patient's chart and may be checked during the field monitoring of the Z Benefits. Please do not leave any item blank.



