Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

Annex C

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

DISCHARGE CHECKLIST FOR THE Z BENEFIT
Orthopedic Implants

(Place a ✓opposite appropriate answer)

SITE OF INJURY	☐ Left side ☐ Right side ☐ Both sides
IMPLANT PROVIDED	☐ Total hip prosthesis, cemented ☐ Total hip prosthesis, cementless ☐ Partial hip prosthesis, bipolar ☐ Multiple screw fixation, 6.5 mm cannulated cancellous screws with washer ☐ Compression hip screw set ☐ Proximal femoral locked plate ☐ Intramedullary nail with interlocking screws ☐ Locked compression plate – broad, metaphyseal, distal femoral

(place a ✓ if YES)

MANDATORY SERVICES	Status
1. Orthopedic implant/s provided is/are as prescribed.	
2. The individual code/serial number of each of the implants used is indicated in the Operative Technique of the patient.	
3. The discharge plan is given and explained to the patient.	

Conforme by: _____ (Printed name and signature) Patient/Parent/Guardian	Certified correct by: _____ (Printed name and signature) Attending Orthopedic Surgeon
Date signed:	Date signed:

This form should be submitted with the following:

☐ Claim Form 1
☐ Claim Form 2
☐ Z Satisfaction Questionnaire
☐ Operative Technique (photocopy)