

Philippine Health Insurance Corporation

# ADVISORY

No. 2022 - 0009



## Reiteration of the Requirements when Filing Z Benefit Claims

In accordance with the Guiding Principles of the Z Benefits (PhilHealth Circular No. 2021-0022, Section V.E), which provides the updated checklists of requirements for reimbursement, contracted health care providers shall attach a photocopy of the approved pre-authorization checklist and request when filing claims for the first tranche.

Hence, PhilHealth updated the Tranche Requirements Checklist for the Peritoneal Dialysis (PD) First Z Benefits to align with the current guidelines. Z Benefits Coordinators are advised to regularly check the PhilHealth website and coordinate with the PhilHealth Regional Office – Benefits Administration Section (PRO-BAS), for any updates on the policies.

The updated form may be downloaded in the PhilHealth website: [www.philhealth.gov.ph/downloads/](http://www.philhealth.gov.ph/downloads/).

Further inquiries may be coursed through the PhilHealth Callback Channel at Callback Channel: 0917 – 898 – 7442 (PHIC) or any of the PhilHealth Regional and Local Health Insurance Offices.

**(Sgd.) ATTY. DANTE A. GIERRAN, CPA**  
President and Chief Executive Officer



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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UNIVERSAL HEALTH CARE  
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Case No. \_\_\_\_\_

**Annex E – PD First**

HEALTHCARE PROVIDER (HCP)		
ADDRESS OF HCP		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	<input type="checkbox"/> Same as patient (Answer only if the patient is a dependent)	
	1. Last Name, First Name, Suffix, Middle Name	2. PhilHealth ID Number

**TRANCHE REQUIREMENTS CHECKLIST  
PD FIRST Z BENEFITS**

(Place a ✓ if attached or NA if not applicable)

TRANCHE REQUIREMENTS	Status
I. To be submitted once a year, upon filing claims for the 1 <sup>st</sup> tranche	
a. Photocopy of approved Pre-authorization Checklist and Request (Annex A-PD First)	
b. Photocopy of completely accomplished Member Empowerment (ME) Form (Annex B)	
c. Properly accomplished PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF)* and CF 2	
II. To be submitted every filing of tranche (every two weeks)	
a. Accomplished Tranche Requirement Checklist (Annex E-PD First)	
b. Properly accomplished CF 2	
c. Photocopy of PD Passport (Annex F-PD First)	
III. To be submitted upon availment of the first transfer set for the year	
Z Satisfaction Questionnaire (Annex D)	

\*not required if pre-authorization is submitted through the HCI Portal

**MASTER COPY**  
 Date: 5/4/22  
 DC: KJS

Certified correct by:**	Certified correct by: (for Service Patients)**
(Printed name and signature) Attending Nephrologist	(Printed name and signature) Please tick appropriate box
PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Head, Peritoneal Dialysis Unit OR
Date signed (mm/dd/yyyy)	<input type="checkbox"/> Chair, Dept. of Adult Nephrology OR
	<input type="checkbox"/> Chair, Dept. of Pediatric Nephrology OR
	<input type="checkbox"/> Executive Director/Chief of Hospital/ Medical Director/Medical Center Chief
	PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>
	Date signed (mm/dd/yyyy)

\*\*for CO-PAY PATIENTS, the signature of the Attending Nephrologist is sufficient.

\*\*\*for SERVICE PATIENTS, the signature of PD Unit head, other nephrologists or executive director, etc. would suffice.



Revised as of April 2022