

Updating of Forms for Selected Z Benefit Packages

This is to inform all contracted healthcare providers (HCP) for the Z Benefits for prostate cancer, kidney transplantation and PD First of the following updated forms:

| Z Benefits | Updated Annexes |
|---------------------------------------|--|
| Z Benefits for Prostate Cancer | Annex A: Pre-authorization Checklist and Request |
| Z Benefits for Kidney Transplantation | Annex C: Checklist of Mandatory and Other Services |
| PD First Z Benefits | Annex F: PD First Passport |

Beginning July 1, 2022, contracted HCPs shall submit the updated forms along with other requirements when filing claims for the respective Z Benefits packages.

PhilHealth will implement a grace period until June 30, 2022, to allow contracted HCPs to use the old forms. During this period, all PhilHealth Regional Offices (PROs) shall process claims for reimbursement using the old forms.

The updated forms may be downloaded from the PhilHealth website at 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

Annex

The image displays four sample forms from the PhilHealth system, each marked with a 'MASTER COPY' stamp and a 'Date signed' field. The forms are:

- Annex A - Prostate CA:** Pre-authorization Checklist and Request form for Prostate Cancer.
- Annex C - Kidney Transplant:** Checklist of Mandatory and Other Services form for Kidney Transplantation.
- Annex F - PD First:** PD First Passport form for Peritoneal Dialysis (PD) First.
- Annex E - Kidney Transplant:** Pre-transplant Evaluation Form for Kidney Transplant Recipient.

The image displays two sample forms from the PhilHealth system, each marked with a 'MASTER COPY' stamp and a 'Date signed' field. The forms are:

- Annex C1-KT:** Checklist of Mandatory and Other Services form for Kidney Transplantation (Low Risk).
- Annex C1-RT:** Pre-transplant Evaluation Form for Kidney Transplant Recipient.

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- Annex C1-KT:** Checklist of Mandatory and Other Services form for Kidney Transplantation (Low Risk).
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