ANNEX 3 – INSTRUCTIONS HOW TO ACCOMPLISH CLAIM FORM 2 (CF2) FOR TB DOTS PACKAGE

Claim Form 2 shall be accomplished using capital letters and by checking the appropriate boxes. All items should be marked legibly by using ballpen only.

All dates should be filled out in MM-DD-YYY format.

CF 2 Part/Item	Description	Instruction
Part I	PhilHealth Accredited Number Name of Health Care Institution Address	Write the PhilHealth Accreditation Number, name of HCI and the address on the space provided
Part II, item 1	Name of Patient	Write the complete name of the patient in this format: Last Name, First Name, Name Extension (if any), Middle Name
Part II, item 2	Referred by another HCI	Write "not applicable" *The referring facility will file the claim.*
Part II, item 3	Confinement period	
	Date Admitted	for intensive phase (89221) write the start date of intensive phase for continuation phase (89222) write the start date of continuation phase
	Date Discharged	for intensive phase (89221) write the date of the last day of intensive phase for continuation phase (89222) write the date of the last day of continuation phase
Part II. item 4	Patient Disposition	For intensive phase (89221) WRITE N/A For continuation phase (89222) WRITE the treatment outcome e.g. Cured, Failed, Died on the space below "Patient Disposition" WRITE DRTB if the patient was diagnosed to have DRTB during the course of treatment prior to being declared as treatment failed.
Part II, item 5	Type of Accommodation	Leave it blank
Part II, item 6	Admission Diagnosis/es	Write the diagnosis upon start of treatment including the classification based on bacteriological status, anatomical site the history of previous treatment, registration group of patient and whether sputum negative or

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		positive e.g. Pulmonary TB, new, bacteriologically confirmed (sputum positive)
Part II, item 7	Discharge Diagnosis	Write the diagnosis after complete of treatment including the classification based on bacteriological status, anatomical site the history of previous treatment, registration group of patient AND the treatment outcome e.g. Pulmonary TB, new, bacteriologically confirmed (sputum positive), cured
	ICD-10 Code/s	Write the appropriate ICD-10 Code/s (see Annex 2 for the list of ICD-10 Code/s
	Related Procedures	Write the applicable treatment phase Intensive phase Continuation phase
	RVS Code	Write corresponding package code For intensive phase - 89221 For continuation phase - 89222
	Date of procedures	Write the dates when the treatment phase were started
Part II, item 8 d	Special consideration TB DOTS Package	Tick the appropriate box Intensive phase OR Maintenance phase (Continuation phase) AND WRITE the patient's Registration Group e.g. New, Relapse etc on the space beside the "Maintenance Phase" AND WRITE the Category of Treatment e.g. Category I, Ia, etc. on the space beside the "Maintenance Phase"
Part II, item 9	PhilHealth Benefits	Write the appropriate package codes 89221 for intensive phase 89222 for continuation phase
Part II, item 10	Professional Fees	Write the accreditation number and the name of TB DOTS Physician on the spaces provided

CF 2 Part/Item	Description	Instruction
		Affix the signature of the TB DOTS Physician over his/her name Write the date of the space provided
	Details	IF patient has NO co-pay or out-of pocket expense for professional fee/s: Tick No co-pay on top of PhilHealth Benefit
		IF patient HAS co-pay or out-of pocket expense for professional fee/s: Tick With co-pay on top of PhilHealth Benefit and write the amount of co-payment
Part III Section A	Certification of Consumption of Benefits	IF patient did not have any co-payment/out of pocket expenses related to TB treatment such as payment for medicines, laboratory, professional fee: Tick first box (PhilHealth benefit is enough to cover HCI and PF charges) Accomplish the table: • No entries for total health care institution fees and total professional fees • Write Php 4,000 on the Total Actual Charges
		IF there is co-payment from the patient: Tick second box(with co-pay on top of PhilHealth Benefit) then accomplish Tables a and b Table a: • Put amount of actual charges for HCI fee and professional fees • Put amount after deduction of discount if there is any, if none leave blank • Put amount of PhilHealth Benefits ▪ Total professional fees (PF) includes professional fee of facility staff and professional fee of referring physician (if applicable ▪ Total HCI fees is the remaining amount (from Php 4,000) after total PF have been deduction • Amount after PhilHealth Deduction shall be: *If no discount:* Total actual charges – PhilHealth benefit *If with discount:* Amount after application of discount –PhilHealth benefit Accomplish this both for HCI fee and PF • Tick the applicable box/es on the payer/s of remaining balance (may have several payers) Table b: • *If patient did not purchase medicine and/or paid for laboratory exams outside the facility,* tick None • *If patient paid for medicine and/or paid for laboratory exams outside the*

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		facility, tick the boxes and write the amount.
Part III Section B	Consent to Access Patient Record/s	Print the name of the patient and affix his/her signature over the name Write the date when this was signed Should the patient is unable to sign, tick the appropriate boxes
Part IV	Certification of Health Care Institution	Print the name of the authorized person to fill-up the claim and his/her designation. Affix his/her signature above the name. Write the date when he/she signed the form. This person must review and verify all the entries before affixing his/her signature.