

**Self-assessment / Survey Tool for Benefit Package Providers
 for Physical Medicine, Rehabilitation Services, and Assistive Devices
 (for Hospital-based)**

Name of HF: _____ Level: _____

Date of Survey: (MM/DD/YY) (For PhilHealth Survey Team use only)	Time started: (hrs:mm)	Time ended: (hrs:mm)
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Directions for the HF:

- Put a check (✓) in the “Yes” column if the service is available or an (X) in the “No” column if the same is not available in the HF.
- For outsourced services, put (X) in the “No” column and state in the remarks that the service is outsourced and write the name of the outsourced service provider.
- The HF shall only check applicable service/s to be provided, put “N/A” if not applicable.

No.	REQUIREMENTS	HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.	Hospital Accreditation					
	a. The HF has an updated & valid DOH LTO					
	b. The HF has updated PhilHealth Accreditation					
	c. Updated DOH-LTO of Laboratory (at least Level 2)					
	d. Updated FDA License of Pharmacy					
2.	Minimum Service Capability					
	Note: Required mandatory services as stated in existing PhilHealth Policy (PC No.: 2025-0003)					
	2.a. Physical Therapy; and any of the following:					
	i. Occupational Therapy					
	ii. Speech and Language Pathology / Speech Therapy					
	iii. Psychological Services					
	iv. Assistive Mobility devices					
3.	Human Resources					
	3.a. Physical Medicine and Rehabilitation Specialist/ Psychiatrist					
	i. Diplomate, Fellow or Associate Member of the Philippine Academy of Rehabilitation Medicine					
	ii. Valid PRC License					
	iii. Valid PhilHealth Accreditation					
	3.b. Physical Therapist					
	i. Valid PRC License					

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	And any of the following:					
	3.c. Speech and Language Pathologist (SLPs) / Speech Therapist					
	i. Valid PRC License					
	3.d. Psychologist					

	i. Valid PRC License					
	3.e. Occupational Therapist					
	i. Valid PRC License					
	3.f. Prosthetists and Orthotists					
	i. Graduate of Bachelor of Science in Prosthetics and Orthotics or underwent equivalent four (4) year training course of ISPO Category i-II					
	3.g. Physical Medicine and Rehabilitation Service (PMRS) Coordinator					
	Clinical Pathway/Algorithm					
4.	Quality Assurance Reports					
	i. Utilization					
	ii. Lost to follow-up					
	iii. Mortality & Morbidity reports					
	iv. Records Management					
	v. Patient Records					

**Required during renewal of contract*

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Name of Management Team	Designation	Signature

SAT: Physical Medicine, Rehabilitation Services, and Assistive Devices (for Hospital-based)