GUIDELINES ON THE PROPER ACCOMPLISHMENT OF PHILHEALTH CLAIM FORM 4
(August 2018)

I. GENERAL GUIDELINES:

A. The CF4 shall be accomplished using capital letters and by checking the appropriate boxes. All items should be marked legibly by using permanent ink only.

B. The information in CF4 should be the same as that in the patient's chart and all other claim forms submitted to PhilHealth.

C. All required information may be encoded (or written) in the CF4. Please do not write "see attached patient chart/clinical abstract/discharged summary" or any equivalent in lieu of CF4. Exceptions to this are indicated in the specific sections below.

D. All claims shall require CF4 including hemodialysis, chemotherapy, and outpatient procedures like cataract surgeries and laparoscopies. Please refer to the list of exclusions in PhilHealth Circular No. 2018-0007 and its revisions (PhilHealth Circular No. 2018-0014).

E. Claims involving repetitive procedures such as dialysis (hemo- and peritoneal), radiotherapy (LINAC and COBALT), blood transfusion, brachytherapy, and chemotherapy may be filed at one time (using one CF4). The dates written in item no. 9a (Date Admitted) of CF 4 should be consistent with CF2. The date of filing for these procedures should be after the last treatment session.

F. If there are items that do not apply, please write N/A.

G. All dates should be filled-out following this format: MONTH-DAY-YEAR (MM-DD-YYYY).

Illustration: December 25, 2013 should be written as 12 - 25 - 2013

II. SPECIFIC GUIDELINES:

A. **Claim Form 4 (CF4)** is divided into seven (7) parts:

- **Part I – Health Care Institution Information** requires information about the facility to ascertain the identity and eligibility under the Program.

- **Part II – Patient's Data** requires information about the patient to ascertain patient identity and encounter.

- **Part III – Reason for Admission** provides the clinical information about the patient's condition during admission.

- **Part IV – Course in the Ward** provides a description of the care received by the patient during confinement or episode of care. This section includes results of laboratory tests and/or imaging procedures, as applicable.

- **Part V – Drugs and Medicines** provides a list of medicines or drugs ordered by the physician(s) and received by the patient during confinement and/or prescribed during outpatient consultation.

This section includes information on the quantity, dosage, and route of administration of medicines or drugs ordered/prescribed.

 Part VI – Outcome of Treatment provides information about the result of care or the patient's decision to leave the hospital before the end point of care (when applicable).

 Part VII – Certification of Health Care Professional provides a guarantee by the attending health care professional or physician regarding the information provided. This section includes the date when the data in the form was provided and/or reviewed.

III. THE TABLES BELOW EXPLAIN THE PROPER WAY OF ACCOMPLISHING CF4:

Part I - Health Care Institution (HCI) Information

Item no.	Description and Instruction
1	**Name of HCI** Write the name of the health care institution as it appears in the DOH License to Operate (LTO).
2	**Accreditation Number** Write the PhilHealth accreditation number of the health care institution.
3	**Address of HCI** Write the mailing address of the health care institution, indicating the No., Building Name, Lot/Block/Building Number, Street, Subdivision/Village Barangay, City/Municipality, Province, and Zip Code. The name of sitio/purok/poblacion (if applicable) of the mailing address should be indicated before the barangay.

Part II - Patient's Data

Item no.	Description and Instruction
1	**Name of Patient** Write the complete name of the member starting with last name, first name, name extension and middle name. Extensions such as, but not limited to the following – Jr., Sr., III, should be indicated with the first name. *Illustration:* *Name with Suffix: The name* **Juan Sipag Dela Cruz, Jr.** *should be written as* **DELA CRUZ** (*Last name*) | **JUAN JR.** (*First Name*) | **SIPAG** (*Middle Name*)
2	**PhilHealth Identification Number (PIN)** Write the PhilHealth Identification Number (PIN), a 12-digit number, as reflected in the PhilHealth Number Card/Identification Card/Member Data Record (MDR) using the format

Item no.	Description and Instruction
	2-9-1 format. The PIN encoded (or written) in this item refers to the **PIN of the patient** – member PIN if primary member and dependent PIN if dependent. If patient is a dependent and has no assigned PIN yet, PIN of primary member should be encoded (or written). *Illustration: 07-123456789-1*
3	**Age** The age of the patient upon admission in years. For very young children (including newborn), the age may be written in months/weeks/days/hours (as appropriate) with the appropriate label (e.g., 25 days, 3 months or 48 hours).
4	**Sex** Refers to male or female. Check appropriate box.
5	**Chief Complaint** It is the concise statement of the patient as he/she describes his/her symptom, problem, condition, return, or other factor that prompted the confinement or medical encounter. *Important note:* *For special cases like chemotherapy, may indicate as chief complaint "chemotherapy for breast cancer"; radiotherapy treatment, write "radiotherapy session for prostate cancer; or hemodialysis treatment, write "hemodialysis" or extracorporeal dialysis."*
6	**Admitting Diagnosis** Write the initial impression or working diagnosis as documented by the attending physician based on assessment upon admission.
7	**Discharge Diagnosis** Write the final diagnosis of the attending physician just before the patient leaves the hospital. For purposes of CF4, the discharge diagnosis refers to the identified nature and cause of a disease or injury through evaluation of patient history, physical examination, and review of laboratory/imaging data.
8.a	**1st Case Rate Code** Write the appropriate ICD-10 or RVS code. Rates or amounts are not needed. **1st case rate** is defined as the case rate claimed by Health Care Institutions (HCIs) for PhilHealth reimbursement which represents/covers the medical condition of the patient with the most resources used, not necessarily the main condition (source: PC no. 35 s-2013).
8.b	**2nd Case Rate Code** Write the appropriate ICD-10 or RVS code. Rates or amounts are not needed. **2nd case rate** is defined as the case rate claimed by HCIs for PhilHealth reimbursement which represents/covers the medical condition of the patient with the second most resources used (source: PC no. 35 s-2013).

Item no.	Description and Instruction
9.a	**Date Admitted** Write date of admission in the hospital (month-day-year). Follow date format as indicated in general guidelines.
9.b	**Time Admitted** Write time of admission in the hospital (hour-minute) and tick if AM or PM.
10.a	**Date Discharged** Write date when confinement or patient encounter ended (month-day-year). Follow date format as indicated in general guidelines.
10.b	**Time Discharged** Write time when confinement or patient encounter ended (hour-minute) and tick if AM or PM.

Part III – Reason for Admission

Item no.	Description and Instruction
1	**History of Present Illness** Write a concise statement about the history for the medical encounter (in chronological order).
2.a	**Pertinent Past Medical History** Write all relevant past diagnosed condition(s) including hospitalizations and previous surgeries of the patient.
2.b	**OB/GYN History** a) Write the obstetric code and date of last menstrual period. As applicable only for pregnant patients. *Illustration:* *G_P_(_,_,_,_) LMP (month-day-year)* b) If the item does not apply, tick N/A.
3	**Pertinent Signs and Symptoms on Admission** This refers to signs and symptoms of the patient on admission. This is equivalent to ROS or review of systems. Check pertinent boxes only. Use 'Others' if there are symptoms other than what are specified in CF4.
4	**Referred from another HCI:** To be filled-out only when patient came from another health facility for a stated reason in the chart. Check appropriate tick box. If yes, write the reason(s) for referral and the name of the originating HCI.

5	**Physical Examination** This refers to PE findings on admission. All body-systems should be filled out. If there are no findings, check *Essentially normal*. For additional notes and laterality (when applicable), may indicate as side note beside each box.

Part IV – Course in the Ward

Description and Instruction
Date and Doctor's Order/Action a) Enumerate all relevant activities/actions taken during episode of care arranged in chronological order (i.e., start from date of admission). This section also includes notes of patient's progress and corresponding action(s) taken by appropriate health care professional(s). The date for each activity should be indicated in the appropriate space provided for. b) For day surgeries and repetitive procedures, may write only the essential orders of attending physician(s). State any key changes in patient's condition, if any. For repetitive procedures, especially those with multiple sessions in one claim, pertinent events for each procedure date should be reflected in this section. If there are no significant events during the session/encounter, may write "No reportable or pertinent incidents during the procedure/session." or a similar statement. c) Please attach photocopies of pertinent laboratory and/or imaging results to support the management during episode of care and final diagnosis during discharge. d) For manual submission, please indicate if there is/are additional sheet(s) attached to CF4 by ticking the check box. e) For patients with long hospital stay, may opt to attach photocopy of doctor's order sheet in lieu of writing the entire course in the wards in CF4.
Surgical Procedure/RVS code a) If there is a procedure, write the description of operation/procedure including RVS code. Attach photocopy of Operative Room (OR) Record/Technique. *Illustration:* *Repair of wound, extraocular muscle, tendon and/ or Tenon's capsule - 65290* b) The operative room (OR) record/technique shall not be required as attachment for the following repetitive procedures only:

	Name of Procedure	RVS code	
1.	Blood transfusion	36430	
2.	Clinical brachytherapy	77761 77776	77781 77789
3.	Chemotherapy	96408	
4.	Dialysis other than Hemodialysis	90945	
5.	Hemodialysis	90935	
6.	Radiotherapy (Cobalt or Linear Accelerator)	77401	
7.	Other: Intensity Modulated Radiotherapy (IMRT)	77418	

Part V – Drugs and Medicines

Description and Instruction
a) List down all medicines/drugs given to the patient (in generic name) including quantity (actual number of drug) and form, dosage, frequency, route of administration and total cost. Example:

Generic name	Quantity/Dosage/Route	Total Cost
Paracetamol	10 tablets, 500 mg per tablet, 1 tab every 4 hours, oral	P 10.00
Phenobarbital	3 ampules, 120 mg/mL, injection in 3 divided doses, IM	P 1,350.00
Tobramycin	1 bottle, 0.3% ophthalmic solution, 1 drop every 4 hours	P 320.00
Mupirocin	1 tube, 2% cream, TID, topical	P 280.00

b) For manual submission, please indicate if there is/are additional sheet(s) attached to CF4 by ticking the check box provided for

c) For patients with long list of medications, may use additional sheet with the same prescribed elements in CF4 or attach photocopy of medication sheet in lieu of writing in the CF4.

Part VI – Outcome of Treatment

Description and Instruction
Check appropriate box based on the status of patient upon discharge. If patient was transferred to another facility, indicate the reason for transfer. The outcome of treatment may be classified as any one of the following: a) Improved – patient has recovered or near recovery upon discharge. b) HAMA – Home Against Medical Advice. It occurs when a patient decides to leave the hospital against the opinion of the managing physician. This form of discharge may be carried out by the patients, their relatives (in the case of adult patients with competency problems) or their parents (in the case of children). This is also known as discharge against medical advice (DAMA) c) Expired – patient died during the episode of care/confinement period. d) Absconded – patient deliberately left the health care facility without prior knowledge of attending physician and relevant personnel in the HCI. e) Transferred – patient was physically brought to another health care facility for a specific care.

Part VII – Certification of Health Care Professional

Description and Instruction
The attending health care professional shall affix his/her signature certifying that all information provided are true and accurate. He/she should also indicate the date of signing the form. *Note: For salaried physicians in government or private training hospitals, the medical director, hospital administrator or chief of clinics may sign in lieu of the attending physician. SOURCE: PhilHealth Circular No. 14, s-2008.*