Annex J.2: Checklist of Mandatory and Other Services – Tranche 2 As of October 2023





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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ℜ PhilHealthOfficial ♥ teamphilhealth

Case No.

HEALTH FAC	CILITY (HF)		
ADDRESS OF HF			
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX Image: Descent state Image: Descent state		
	2. PhilHealth ID Number		
B. MEMBER	 (Answer only if the patient is a dependent; otherwise, write, "same as above") 1. Last Name, First Name, Middle Name, Suffix 		
	2. PhilHealth ID Number		

CHECKLIST OF MANDATORY AND OTHER SERVICES General Mental Health Services Tranche 2

Kindly indicate the date of the follow-up visits in the space provided

Services	
Follow – up visits for	1. Date (mm/dd/yyyy)
psychoeducation and psychosocial support	2. Date (mm/dd/yyyy)
	3. Date (mm/dd/yyyy)
	4. Date (mm/dd/yyyy)
	5. Date (mm/dd/yyyy)
	6. Date (mm/dd/yyyy)

Conforme by:	Certified correct by:
(Printed name and signature) Parent/Guardian/Patient	(Printed name and signature) Attending Physician
Date signed (mm/dd/yyyy)	PhilHealth Accreditation No.
	Date signed (mm/dd/yyyy)