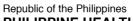
Annex L.3: Checklist of Requirements for Reimbursement – Tranche 1

As of October 2023





PHILIPPINE HEALTH INSURANCE CORPORATION
 ♥ Citystate Centre, 709 Shaw Boulevard, Pasig City

(02) 8441-7442 ⊕ www.philhealth.gov.ph
 PhilHealthOfficial ♥ teamphilhealth

Case No.

HEALTH FACILITY (HF)

ADDRESS OF H	łF
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX Image: Male Image: Sex I
	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 REQUIREMENTS FOR REIMBURSEMENT SPECIALTY MENTAL HEALTH SERVICES – TRANCHE 1

Requirements	Please Check
1. Transmittal Form of Claims for Mental Health (Annex H)	
2. Checklist of Requirements for Reimbursement (Annex L.3)	
3. Properly accomplished Claim Form (CF) 2	
4. Checklist of Mandatory and Other Services (Annex J.3)	
5. Properly accomplished MH Satisfaction Questionnaire (Annex K)	
6. Photocopy of the Mental Health Passport (Annex D)	
7. Original or Certified True Copy (CTC) of the Statement of Account	

Certified correct by:						Certified correct by:									
(Printed name and signature) Attending Physician					(Printed name and signature) Head of the Health Facility										
PhilHealth Accreditation No.		-				1	PhilHealth Accreditation No.			1					1
Date signed (mn	n/dd/	ууу	y)				Date signed	(mm/	/dd	/уууу	7)		<u> </u>		

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Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)