

## Annex F.1: Checklist of Requirements for Reimbursement - Assessment



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
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 PhilHealthOfficial teamphilhealth

**Case No.** \_\_\_\_\_

CONTRACTED HEALTH FACILITY (HF)		
ADDRESS OF HF		
<b>A. PATIENT</b>	1. Last Name, First Name, Suffix, Middle Name	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>B. MEMBER</b> <input type="checkbox"/> Same as patient <i>(Answer only if the patient is a dependent)</i>	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	

### Checklist of Requirements for Reimbursement - Assessment

(Place a ✓ if attached or NA if not applicable)

REQUIREMENTS	Status
<b>I. Upon filing of claims for the Initial Assessment</b>	
a. Transmittal Form (Annex G)	
b. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF2	
c. Photocopy of the completely accomplished Checklist of Eligibility Criteria (Annex A)	
d. Photocopy of completely accomplished Member Empowerment (ME) Form (Annex B)	
e. Photocopy of the Treatment Plan	
f. Accomplished Checklist of Requirements for Reimbursement-Assessment (Annex F.1.)	
g. Original or Certified true copy (CTC) of the Statement of Account (SOA)	
h. Accomplished Checklist of Essential Health Services for Physical Medicine, Rehabilitation Services, and Assistive Mobility Devices (Annex E)	
i. Satisfaction Questionnaire (Annex H)	
<b>II. To be submitted when filing claims for follow-up and discharge assessment</b>	
a. Transmittal Form (Annex G)	
b. Accomplished Checklist of Requirements for Reimbursement-Assessment (Annex F.1.)	
c. Accomplished Checklist of Essential Health Services for Physical Medicine, Rehabilitation Services, and Assistive Mobility Devices (Annex E)	
d. Original or Certified true copy (CTC) of the Statement of Account (SOA)	
Date Completed (mm/dd/yyyy)	
Date Filed (mm/dd/yyyy)	



