



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Case No. _____

Annex “A – RF/RHD”

HEALTH CARE INSTITUTION (HCI)		
ADDRESS OF HCI		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
B. MEMBER (answer only if the patient is a dependent)	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

<p>Fulfilled selections criteria <input type="checkbox"/> Yes If yes, proceed to pre-authorization application <input type="checkbox"/> No If no, specify reason/s and encode _____</p>
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**PRE-AUTHORIZATION CHECKLIST
Rheumatic Fever/Rheumatic Heart Disease**

QUALIFICATION	
Place a check mark (✓) for the Stage of the Disease	Stage: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D

Fulfills any of the following criteria:

Echocardiogram finding (tick one, whichever is applicable):	Date/s of 2D-echo
<input type="checkbox"/> Fulfills Modified Jones Criteria Normal to Stage A valve involvement	
<input type="checkbox"/> Definite RHD Echo Stage B Progressive Valve Disease Normal LV size and function	
<input type="checkbox"/> Definite RHD Stage C Moderate to severe valve involvement Left ventricle enlargement No heart failure Functional Class I-II	

Echocardiogram finding (Continuation)	Date/s of 2D-echo
<input type="checkbox"/> Definite RHD Stage D Severe valve involvement or multiple Left ventricle enlargement With heart failure Functional Class III-IV	
Treatment Plan: choose one	
<input type="checkbox"/> Secondary prevention intramuscular, Penicillin G benzathine (benzathine benzylpenicillin) OR	Choose one <input type="checkbox"/> every 21 days <input type="checkbox"/> every 28 days
<input type="checkbox"/> Secondary prophylaxis with oral medication	Choose one <input type="checkbox"/> phenoxymethyl penicillin (penicillin V) <input type="checkbox"/> erythromycin

Certified correct by Attending Physician:

 Printed name and signature

PhilHealth Accreditation No. - -

Note:
 Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the parent or guardian and health care providers, as applicable. This form shall be submitted to the PhilHealth Regional Office (PRO) or the Local Health Insurance Office (LHIO) when filing the first tranche.
 There is no need to attach laboratory results. However, these should be included in the patient's chart and may be checked during the field monitoring of the RF/RHD Benefits. Please do not leave any item blank.

