



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 "C2 – RF/RHD"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Rheumatic Fever/Rheumatic Heart Disease

Tranche 2

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	

	MANDATORY SERVICES	Status
A. For rheumatic fever	Tick one, whichever is applicable <input type="checkbox"/> penicillin G benzathine (benzathine benzylpenicillin), 1.2M units, vial (MR) (IM) every 28 days OR <input type="checkbox"/> Oral secondary prophylaxis, tick one <input type="checkbox"/> phenoxymethyl penicillin (penicillin V) <input type="checkbox"/> erythromycin	Dates of injection: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ Start date of oral prophylaxis: _____ Date of last intake: _____

OTHER SERVICES, as needed	Status

