



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

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



Bawat Pilipino MIYEMBRO  
Bawat miyembro PROTEKTADO  
Kalusugan natin SEGUARADO

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

Annex “M – RF/RHD”

**CHECKLIST FOR PATIENT TRANSFER**  
**Rheumatic Fever/Rheumatic Heart Disease**

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"/>
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"/>

For RF/RHD patients\* who will be transferred to a referral RF/RHD Provider, the following checklist shall be accomplished:

NAME OF REFERRAL RF/RHD CENTER
ADDRESS OF REFERRAL RF/RHD CENTER

Requirements	Yes OR No (tick appropriate box)	Signature of Responsible Person
1. Updated Medical Abstract	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature Attending Physician
2. Updated Prescription for one (1) month	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Letter of Referral from Attending Physician/ Fellow	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Clearance from RF/RHD Provider re status of utilization of PhilHealth claims	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature RF/RHD Coordinator
5. Letter of Intent from Patient requesting for transfer to a referral RF/RHD Provider (Annex G)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature Patient/Parent/Guardian

Certified complete by:	Conforme by:
_____ Printed name and signature RF/RHD Coordinator	_____ Printed name and signature Patient/Parent/Guardian
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)