

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 www.philhealth.gov.ph



Case No. _

Annex "M - RF/RHD"

CHECKLIST FOR PATIENT TRANSFER Rheumatic Fever/Rheumatic Heart Disease

HEALTH CARE INSTITUTION (HCI)															
ADDRESS OF	FHCI														
A. PATIENT	le Name, Suffix						SEX □ Male □ Female								
	2. PhilHealth ID Number		-									- [
B. MEMBER (answer only if	1. Last Name, First Name, Middle Name, Suffix														
the patient is a dependent)	2. PhilHealth ID Number		-									- [
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	FREFERRAL RF/RHD CENTEI	₹													
Requirements		Yes OR No						Signature of							
	Requirements								_						
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2. Updated Pr 3. Letter of Re Fellow 4. Clearance f of utilizatio 5. Letter of Intransfer to (Annex G) Certified complete Print	rescription for one (1) month referral from Attending Physician/ from RF/RHD Provider re status n of PhilHealth claims retent from Patient requesting for a referral RF/RHD Provider	(tick a ☐ Yo ☐ Yo ☐ Yo ☐ Yo	es es es es F		n n n n n n n n n n n n n n n n n n n	Jo Jo	: an	Resj A N RF N Patic	Namee Namee Nameent/P	sibl & sique & sique D Co	gnatt Physical gnatt	ers are are nato	r		
2. Updated Property of Research Property of American Science of Utilization States of Utilization (Annex G) Certified complete Prince of Prince	rescription for one (1) month referral from Attending Physician/ rom RF/RHD Provider re status n of PhilHealth claims referral RF/RHD Provider referral RF/RHD Provider	(tick a ☐ Yo ☐ Yo ☐ Yo ☐ Yo	es es es es F	priate	ee b	No No No No No Pare	: ane	Resj A N RF N Patic	Namee Namee Nameent/P	sibl & sique & sique D Co	gnatt Physical gnatt	ers are are nato	r		

As of January 2019









