

Annex G: Letter of Intent for Transfer of Care to a Referral Contracted Health Facility



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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 PhilHealthOfficial teamphilhealth

Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
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"/>	
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	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"/>	

Letter of Intent for Transfer of Care to a Referral Contracted HF

This is to certify, that patient _____, born on _____,
(Name of the Patient) (Date of Birth)
 age _____ years old, residing at _____,
(Address)
 was diagnosed with _____ on _____
(Diagnosis) (Date: mm/dd/yyyy)
 at the _____
(Name of the Referring Contracted HF)

We would like request for transfer of post-kidney transplantation services to _____
(Name of Referral Contracted HF)

under the care of _____.
(Name of the Attending Physician)

We understand that upon transfer to a referral contracted HF, we will have to waive all subsequent claims as the referring contracted HF.



