

Annex I.1: Checklist of Requirements for Reimbursement - Kidney Transplant Recipient - Pediatric



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, Suffix, Middle Name SEX <input type="checkbox"/> Male <input type="checkbox"/> Female 2. PhilHealth ID Number [] [] - [] [] [] [] [] [] [] [] - []
B. MEMBER <input type="checkbox"/> Same as patient <i>(Answer only if the patient is a dependent)</i>	1. Last Name, First Name, Suffix, Middle Name 2. PhilHealth ID Number [] [] - [] [] [] [] [] [] [] [] - []

Checklist of Requirements for Reimbursement Kidney Transplant Recipient - Pediatric

(Place a ✓ if attached or NA if not applicable)

REQUIREMENTS	Status
1. Transmittal Form (Annex J)	
2. Properly Accomplished PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF)	
3. Properly Accomplished PhilHealth Claim Form 2 (CF2)	
4. Photocopy of properly accomplished Member Empowerment Form (Annex D)	
5. Completed Z Satisfaction Questionnaire (Annex K)	
6. Photocopy of the approved pre-authorization checklist and request form for Kidney Transplant Recipient - Pediatric (Annex A.1.)	
7. Checklist of Essential Health Services - Kidney Transplant Recipient - Pediatric (Annex E.1)	
8. Checklist of Requirements for Reimbursement - Kidney Transplant Recipient - Pediatric (Annex I.1)	
9. Post-Kidney Transplant Passport (Annex F)	
10. Original or Certified True Copy (CTC) of the Statement of Account (SOA) or its equivalent	
11. Renal biopsy result or its equivalent (For renal graft biopsy availment)	
Date Filed (mm/dd/yyyy)	

Certified correct: Printed name and signature Attending Nephrologist or Transplant Surgeon PhilHealth Accreditation No. _____ Date signed (mm/dd/yyyy): _____	Conformed by: Printed name and signature <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Date signed (mm/dd/yyyy): _____
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