

## Annex A.2.: Pre-authorization Checklist and Request Form for Living Kidney Donor



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

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

HEALTH FACILITY (HF)		
ADDRESS OF HF		
<b>A. PATIENT</b>	Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	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>B. MEMBER</b> <input type="checkbox"/> Same as above (Answer only if the patient is a dependent)	Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	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"/>	

(Provide the appropriate answer)

Donor History	
1. Name of the Kidney Transplant Facility:	
2. Address of the Kidney Transplant Facility:	
3. Date of kidney donation (mm/dd/yyyy)	
4. Relationship to the recipient	<input type="checkbox"/> Related <input type="checkbox"/> Non-Related
5. Laterality of donated kidney	<input type="checkbox"/> Right <input type="checkbox"/> Left

Certified correct by:	Conforme by:
(Printed name and signature) Nephrologist	(Printed name and signature) <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
PhilHealth Accreditation No. _____	PhilHealth Accreditation No. _____
Date signed (mm/dd/yyyy):	Date signed (mm/dd/yyyy):

**Note:**

Once approved, the contracted HF shall print the approved pre-authorization form and have this signed by the patient, parent or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.

There is no need to attach laboratory results. However, these should be included in the patient's chart and may be checked during the field monitoring of the Z Benefits. Please do not leave any item blank.

## PRE-AUTHORIZATION REQUEST

DATE OF REQUEST (mm/dd/yyyy): \_\_\_\_\_

This is to request approval for provision of services under the Z Benefits package for \_\_\_\_\_ in \_\_\_\_\_  
 (Patient's last, first, suffix, middle name) (Name of contracted HF)  
 under the terms and conditions as agreed for availment of the Z Benefit Package.

The patient is aware of the PhilHealth policy on co-payment and agreed to avail of the benefit package (please tick appropriate box):

- Without co-payment  
 With co-payment, for the purpose of: \_\_\_\_\_

Certified Correct by:	Conforme by:
(Printed name and signature) Nephrologist	(Printed name and signature) <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
PhilHealth Accreditation No. _____	

Conforme by:
(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/Medical Center Chief/ Authorized Signatory
PhilHealth Accreditation No. _____

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 (For PhilHealth Use Only)

- APPROVED  
 DISAPPROVED (State reason/s) \_\_\_\_\_

\_\_\_\_\_  
 (Printed name and signature)  
 Head or authorized representative, Benefits Administration Section (BAS)

INITIAL APPLICATION			COMPLIANCE TO REQUIREMENTS		
Activity	Initial	Date			
Received by LHIO/BAS:			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (State reason/s)		
Endorsed to BAS (if received by LHIO):			_____ (Printed name and signature) Head or authorized BAS representative		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			<b>Activity</b>	<b>Initial</b>	<b>Date</b>
Released to HF:			Received by BAS:		
<b>The pre-authorization shall be valid for one hundred eighty (180) calendar days</b>			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
			Released to HF:		