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

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 ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER ☐ *Same as patient* *(Answer only if the patient is a dependent)*	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Checklist of Requirements for Reimbursement

Kidney Transplant Recipient - Adult

(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 (ME) 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 - Adult (Annex A.1.)	
7. Checklist of Essential Health Services - Kidney Transplant Recipient - Adult (Annex E.1)	
8. Checklist of Requirements for Reimbursement - Kidney Transplant Recipient - Adult (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:	Conforme by:
Printed name and signature Attending Nephrologist or Transplant Surgeon PhilHealth Accreditation No._____ Date signed (mm/dd/yyyy):_____	Printed name and signature ☐ Patient ☐ Parent ☐ Guardian Date signed (mm/dd/yyyy):_____