Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

Case No. _____

Annex "C1 – Developmental Disability"

CHECKLIST OF MANDATORY SERVICES
Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

DEVELOPMENTAL AND FUNCTIONAL ASSESSMENT

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

Place a (✓) on the appropriate boxes

MANDATORY SERVICES	
MEDICAL ASSESSMENT	
Type of Assessment ☐ Initial ☐ Discharge	Assessment done by: ☐ Physiatrist/ Rehabilitation Medicine Specialist ☐ Neurodevelopmental Pediatrician or Developmental and Behavioral Pediatrician
Assessed using any of the following standardized tests:	
Developmental Assessments ☐ Griffiths Mental Developmental Scale ☐ Battelle Developmental Inventory ☐ Brigance Inventory of Early Development ☐ Vineland Adaptive Behavior Scale	Functional Assessments ☐ Functional Independence Measure (FIM & WEE-FIM) ☐ Pediatric Quality of Life Inventory ☐ WHO-Quality of Life Assessment

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Medical Specialist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐☐–☐	PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐☐–☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)