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 "C2 – 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		
REHABILITATION THERAPY/ALLIED HEALTH PROFESSIONAL ASSESSMENT		
Type of Assessment ☐ Initial ☐ Discharge	Assessment done by: ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech Therapist / Speech Language Pathologist	
Assessed using any of the following standardized tests:		
Occupational Therapist ☐ Beery-Buktenica Developmental Test of Visual-Motor Integration ☐ Test of Visual Perceptual Skills	Physical Therapist ☐ Gross Motor Function Measure ☐ Peabody Developmental Motor Scale ☐ Erhardt Developmental Prehension Assessment	Speech Therapist ☐ Preschool Language Scale ☐ Clinical Evaluation of Language Fundamentals ☐ Picture Articulation Test

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Rehabilitation Therapy 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)