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PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center (02) 441-7442 Trunkline (02) 441-7444 www.philhealth.gov.ph

Annex "C - Hearing Aid Replacement"

CHECKLIST OF MANDATORY SERVICES Z BENEFITS FOR HEARING IMPAIRMENT

HEARING AID REPLACEMENT

HEALTH CARE INSTITUTION (HCI)			
ADDRESS OF HCI			
PATIENT (Last name, First name, Middle name, Suffix)			
PHILHEALTH ID NUMBER OF PATIENT			
MEMBER (answer only if patient is a dependent) (Last name, First name, Middle name, Suffix)			
PHILHEALTH ID NUMBER OF MEMBER			
Place a check (✓) on the appropriate boxes			
Place a (✓) on the box for the age group, category of hearing impairment and mandatory service rendered to the child:			
Age Group at Pre-authorization	Category of Hearing Impairment		Mandatory Service
Age 5 to less than	Moderate hearing loss Severe to profound hearing loss		Hearing aid fitting
18 years old			Hearing aid replacement
			Hearing aid verification Batteries
			Ear mold
			Lai mold
Certified correct by:		Certified co	rrect by:
(Printed name and signature) Attending Otolaryngologist		(Printed name and signature) Executive Director/Chief of Hospital/	
Attending Otolaryngologist			cal 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)	

As of March 2018









