## 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

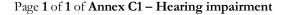
Case No. \_

Annex "C1 - Hearing Impairment"

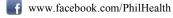
## **CHECKLIST OF MANDATORY SERVICES** Z BENEFITS FOR HEARING IMPAIRMENT

ASSESSMENT (TRANCHE 1) 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  $(\checkmark)$  on the appropriate boxes Place a  $(\checkmark)$  on the box for the appropriate assessment/evaluation that was given to the child according to the category of hearing impairment: Age Group Assessment Done Category of Hearing Impairment at Pre-authorization Age 0 to less than Otoacoustic emission test Moderate hearing loss 3 years old (OAE) Severe to profound hearing Auditory brainstem response loss (ABR) Age Appropriate Behavioral Age 3 to less than Moderate hearing loss 6 years old Audiometry Severe to profound hearing Specify, \_\_\_\_ loss Age 6 to less than Diagnostic pure tone Moderate hearing loss 18 years old audiometry Certified correct by: Certified correct by: (Printed name and signature) (Printed name and signature) Attending Otolaryngologist Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief Accreditation No. Accreditation No. Date signed (mm/dd/yyyy) Date signed (mm/dd/yyyy) Conforme by: (Printed name and signature) Patient/Parent/Guardian

As of March 2018











Date signed (mm/dd/yyyy)