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 – Mobility Impairment"

CHECKLIST OF MANDATORY SERVICES
Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT

MEASUREMENT, CASTING, FABRICATION AND FITTING
Tranche 2

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 or NA if not applicable

MANDATORY SERVICES
I. MEASUREMENT
☐ Measurement done by a prosthetist/orthotist or wheelchair professional Indicate date of measurement: _____
II.CASTING (FOR PROSTHESIS/ORTHOSIS)
☐ Casting done by a prosthetist/orthotist Indicate date of casting: _____
III. FABRICATION
☐ Fabricated prosthesis or orthosis done ☐ Fabricated wheelchair/ seating device done
IV. FITTING
☐ Fitting of prosthesis/orthosis / wheelchair / seating device done Indicate date of fitting: _____

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