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

PhilHealth@24: Tungo sa Kalusugan Para sa Lahat

Case No. _____

Annex "C2 – Mobility Impairment"

CHECKLIST OF MANDATORY SERVICES
Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT

CASTING, FABRICATION AND FITTING
Tranche 2

HEALTH CARE INSTITUTION (HCI)		
ADDRESS OF HCI		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	*SEX* ☐ *Male* ☐ *Female*
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER (*answer only* if patient is a dependent)	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Place a (✓) on the appropriate boxes or NA if not applicable

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