



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Case No. _____

Annex “K – Mobility Impairment”

Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT

PATIENT (Last name, First name, Middle name, Suffix)	AGE
PRESCRIBED DEVICE/S (with laterality as applicable)	

CERTIFICATE OF OUTCOMES AFTER REHABILITATION SESSIONS

Date of MD Consult	Date of Therapy Sessions		Name & Signature of Patient/ Accompanying Person	Name & Signature of Attending Physician/Therapist
	Physical Therapy	Occupational Therapy		