



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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Case No. \_\_\_\_\_

**Annex “A – Checklist of Eligibility Criteria”**

**CHECKLIST OF ELIGIBILITY CRITERIA**

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Tick box corresponding to the Z Benefit to be availed of and place a (✓) in the status column if YES or write NA, if not applicable.

<input type="checkbox"/> <b>A. For WOMAN at risk for preterm delivery            (Z016.1, Z016.2, Z016.3, Z016.4*)            Eligibility criteria: 1.1 or 1.2 AND 2.1 or 2.2 or 2.3 or 2.4</b>	<b>Status</b>
<b>1. Estimated gestational age &lt;37 weeks, based on:</b>	
1.1 Fundic height < ___ cm	
1.2 ≥ 3 weeks earlier than expected date of confinement (EDC), based on:	
1.2.1 Last menstrual period (LMP); OR	
1.2.2 Early trimester ultrasound (if available)	
<b>2. Presence of complication</b>	
2.1 Severe pre-eclampsia	
2.1.1. Systolic BP of >/= 160 mmHg or a diastolic BP of >110 mmHg or both x 2 occasions, at 4 hours apart AND	
2.1.2 Proteinuria 3+ after 20 weeks gestational age with previously normal BP, WITH	
2.1.3 ANY of the following danger signs:	
2.1.3.1 Hyperreflexia	
2.1.3.2 Headache	
2.1.3.3 Blurring of vision	
2.1.3.4 Oliguria	
2.1.3.5 Upper abdominal pain	
2.1.3.6 Pulmonary edema	

\*Eligibility for Z 016.4 shall depend on the level of the facility

Tick box corresponding to the Z Benefit to be availed of and place a (✓) in the status column if YES or write NA, if not applicable.

<b>Cont. For WOMAN at risk for preterm delivery (Z016.1, Z016.2, Z016.3, Z016.4*)</b>	<b>Status</b>
2.2 Preterm, pre-labor rupture of membranes (pPROM)	
2.3 Onset of labor	
2.4 Vaginal bleeding	

\*Eligibility for Z 016.4 shall depend on the level of the facility

<input type="checkbox"/> <b>B. For NEWBORN (Z016.5, Z016.5, Z016.6, Z016.7, Z016.8, Z016.9) Eligibility criteria 1.1 or 1.2 OR 2.</b>	<b>Status</b>
<b>1. Gestational Age &lt;37 weeks, based on:</b>	
1.1 Ballard examination	
1.2. Best obstetric estimate	
1.2.1 Early trimester ultrasound (if available) OR	
1.2.2 LMP	
<b>2. Weight &lt; 2.5 kg</b>	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			