*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 "E – Preterm and Small Baby"**

| |
|---|
| 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 ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐ |

## CHECKLIST OF REQUIREMENTS FOR REIMBURSEMENT
### Preterm and Small Baby

| **Requirements** | **Please Check** |
|---|---|
| 1. Transmittal Form (Annex H) | |
| 2. Checklist of Requirements for Reimbursement (Annex E-Preterm and Small Baby) | |
| 3. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2 | |
| 4. Photocopy of the Checklist of Eligibility Criteria (Annex A) | |
| 5. Checklist of Mandatory and Other Services (Annex C- Preterm and Small Baby) | |
| 6. Photocopy of completed Z Satisfaction Questionnaire (Annex D) | |
| 7. Photocopy of Coordinated Referral and Transfer Form (Annex F) (if applicable) | |
| 8. Photocopy of WHO Partograph (Annex K) | |
| 9. Photocopy of Essential Intrapartum Newborn Care (EINC) Protocol Checklist (Annex G) | |
| 10. Photocopy of Pre-discharge Counseling Services Checklist (Annex I) (if applicable) | |
| 11. Photocopy of Kangaroo Care Protocol Checklist (Annex M) | |
| DATE COMPLETED :<br>DATE FILED : | |

| Certified correct by: | Conforme by: |
|---|---|
| (Printed name and signature)<br>Attending Physician | (Printed name and signature)<br>Patient/Parent/Guardian |
| PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐☐–☐ | Date signed (mm/dd/yyyy) |
| Date signed (mm/dd/yyyy) | |



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