Annex G.3B: Checklist of Requirements For Reimbursement – PD-related Ancillary Services Outpatient Treatment of PD-related Peritonitis



Case No.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

♥ Citystate Centre, 709 Shaw Boulevard, Pasig City

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PhilHealthOfficial
 X teamphilhealth

HEALTH FACILITY (HF)				
ADDRESS OF HF				
A. PATIENT	1. Last Name, First Name, Su	Last Name, First Name, Suffix, Middle Name SEX Male Female		
	2. PhilHealth ID Number		-	
B. MEMBER □ Same as	1. Last Name, First Name, Suffix, Middle Name			
patient (Answer only if the patient is a dependent)	2. PhilHealth ID Number	<u> </u>		
Checklist of Requirements for Reimbursement – PD-related Ancillary				
Services (Outpatient Treatment of PD-related Peritonitis)				
(Place a ✓ if attached or NA if not applicable)				
A Transmitt	REQUIREMENTS		Status	
A. Transmittal Form (Annex K) B. Accomplished Checklist of Requirements for Reimbursement			7/	
(Annex G.3B)				
C. Properly accomplished Claim form (CF) 2				
D. Photocopy of PD passport (Annex D)				
E. Accomplished Checklist of Essential Health Services for PD-				
related Ancillary Services – Outpatient Treatment of PD-related				
Peritonitis (Annex I.3B) E. Original on Contified true conv. (CTC) of the Statement of Account				
F. Original or Certified true copy (CTC) of the Statement of Account (SOA)				
G. Z Satisfaction Questionnaire (Annex H)				
Date Completed (mm/dd/yyyy)				
Date Filed (mm/dd/yyyy)				
Certified correct by:**		Certified correct by: (for Service Patients)		
(Printed name and signature) Attending Nephrologist		(Printed name and signature) Please tick appropriate box		
PhilHealth Accreditation		☐ Head, Peritoneal Dialysis Unit OR		
Date signed (mm/dd/yyyy)		☐ Chair, Dept. of Adult Nephrology OR		
		☐ Chair, Dept. of Pediatric Nephrology OR		
		☐ Chair, Dept. of Organ Transplantation OR☐ Executive Director/Chief of Hospital/ Medical Director/Medical Center Chief		
		PhilHealth Accreditation -		
		Date signed (mm/dd/yyyy)		

**for PRIVATE PATIENTS, the signature of the Attending Nephrologist is sufficient.

