Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

Case No. _____

Annex E – PD First

TRANCHE REQUIREMENTS CHECKLIST
PD FIRST Z BENEFITS

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 ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

(Place a ✓ if attached or NA if not applicable)

TRANCHE REQUIREMENTS	Status
I. To be submitted once a year, upon filing claims for the 1st tranche	
a. Original copy of approved Pre-authorization Checklist and Request *(Annex A-PD First)*	
b. *Photocopy* of completely accomplished Member Empowerment (ME) Form *(Annex B)*	
c. Completed PhilHealth Claim Form (CF) 1 *or PhilHealth Benefit Eligibility Form (PBEF)** and CF 2	
II. To be submitted every filing of tranche (every two weeks)	
a. Transmittal Form (Annex H)	
b. Accomplished Tranche Requirement Checklist *(Annex E-PD First)*	
c. Accomplished PD First Z Benefit Checklist of Services Provided *(Annex C-PD First)*	
III. To be submitted along with the last tranche application for the calendar year	
Z Satisfaction Questionnaire *(Annex D)*	

*not required if pre-authorization is submitted through the HCI Portal

Date Completed:
Date Filed:

Certified correct by:**	Certified correct by: (for Service Patients)
(Printed name and signature) Attending Nephrologist	(Printed name and signature) Please tick appropriate box ☐ *Head, Peritoneal Dialysis Unit OR* ☐ 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 No. ☐☐☐☐☐–☐☐☐☐☐☐☐–☐	PhilHealth Accreditation No. ☐☐☐☐☐–☐☐☐☐☐☐☐–☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

**for CO-PAY PATIENTS, the signature of the Attending Nephrologist is sufficient.