Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph

UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Case No. _____

Annex F – PD First Passport

HEALTHCARE *PROVIDER (HCP)*	*DATE OF CONSULTATION (mm/dd/yyyy)*
ADDRESS OF *HCP*	
A. PATIENT — 1. Last Name, First Name, Suffix, Middle Name	SEX ☐ Male ☐ Female
A. PATIENT — 2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER ☐ *Same as patient* *(Answer only if the patient is a dependent)* — 1. Last Name, First Name, Suffix, Middle Name	
B. MEMBER — 2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

PD FIRST PASSPORT

The PD Coordinator should countersign the last availment of the PD bags opposite the inclusive dates.

Claim Number	Inclusive Dates	*No. of* issued bags/Day	*Pharmacist's* signature	Date of Next Claim	Patient's signature	*Attending Physician's signature*
1						
2						
3						
4						
5						
6						
7						
8						
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11						
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13						
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22						
23						
24						
25						
26						
	*PD transfer set given**	☐ *Date (mm/dd/yyyy)* _____				
		☐ *Date (mm/dd/yyyy)* _____				

** Quantity: 2 per year, every six (6) months only*