



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SECURADO

Case No. _____

Annex "M – PD First"

CHECKLIST FOR PATIENT TRANSFER
PD First Z Benefits

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"/>
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"/>

For HCI PD patients* who will be transferred to a referral PD Provider, the following checklist shall be accomplished:

NAME OF REFERRAL PD CENTER
ADDRESS OF REFERRAL PD CENTER

Requirements	Yes OR No (tick appropriate box)	Signature of Responsible Person
1. Updated Medical Abstract	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature Attending Nephrologist
2. Updated PD Prescription for one (1) month	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Letter of Referral from Attending Nephrologist/ Fellow	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Clearance from PD Provider re status of utilization of PhilHealth PD First Z Benefits Claims	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature Billing Personnel
5. Letter of Intent from Patient requesting for transfer to a referral PD Provider (Annex G)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature Patient/Parent/Guardian
6. Submission of PD Passport (Annex F) to Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & signature PD Coordinator

* HCI PD Patients are those who had their PD initiation and subsequent follow-ups in the referring PD Provider. They claim their PD First Z Benefits from the referring HCI.

Certified complete by: _____	Conforme by: _____
Printed name and signature PD Coordinator	Printed name and signature Patient/Parent/Guardian
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)