



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

Annex "C – PD First"

**PD FIRST Z BENEFITS CHECKLIST OF SERVICES PROVIDED**

CONTRACTED PD PROVIDER	DATE OF CONSULTATION (mm/dd/yyyy)
COVERED PERIOD (mm/dd/yyyy) to (mm/dd/yyyy)	
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"/> - <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"/> - <input type="text"/>
ATTENDING NEPHROLOGIST	

I. PD double bag system		
A. Number of bags and glucose content (indicate the number of bags on the blank)	B. Number of exchanges covered by PhilHealth per day (place a ✓ opposite appropriate answer)	C. Calcium content (place a ✓ opposite appropriate answer)
<input type="checkbox"/> 1.5% <input type="checkbox"/> 2.5 % or 2.3 % <input type="checkbox"/> 4.25%	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Low <input type="checkbox"/> Regular
II. PD accessory		
<input type="checkbox"/> Transfer set given* * Quantity: 2 per year, every six (6) months only		

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