

Annex A: Checklist of Eligibility Criteria

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Republic of the Philippines
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Registry No. _____

CHECKLIST OF ELIGIBILITY CRITERIA

| | | |
|----------------------|---|--|
| HEALTH FACILITY (HF) | | |
| ADDRESS OF HF | | |
| A. PATIENT | 1. Last Name, First Name, Middle Name, Suffix | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 2. PhilHealth ID Number | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| B. MEMBER | <i>(Answer only if the patient is a dependent; otherwise, write, "same as above")</i> | |
| | 1. Last Name, First Name, Middle Name, Suffix | |
| | 2. PhilHealth ID Number | <input type="text"/> - <input type="text"/> - <input type="text"/> |

Tick box corresponding to the Z Benefit to be availed of and place a (✓) in the status column if YES or write **NA**, if not applicable.

| <input type="checkbox"/> A. For a woman at risk for preterm delivery (Z016.1, Z016.2, Z016.3, Z016.4*) | Status |
|---|--------|
| Eligibility Criteria: (Number 1 AND/OR 2) AND (any of the complications in number 3) | |
| 1. Estimated gestational age less than 37 weeks, based on <i>any of the following</i> : | |
| 1.1 Early trimester ultrasound (if available) | |
| 1.2 Last menstrual period (LMP) | |
| 2. Estimated fetal weight (EFW) < 2500 grams | |
| 3. Presence of complications | |
| 3.1 Severe pre-eclampsia | |
| 3.2 Eclampsia | |
| 3.3 Preterm, pre-labor rupture of membranes (pPROM) | |
| 3.4 Onset of labor | |
| 3.5 Vaginal bleeding | |
| 3.6 Multifetal pregnancy | |

| | |
|--|---------------|
| | Status |
| 3.7 Other high-risk conditions** | |
| 4. Coordinated referral and transfer from a referring facility | |

*Eligibility for Z016.4 shall depend on the HCPN arrangements of the contracted HF
 ** Other high risk conditions are listed in Annex P

| | |
|---|---------------|
| <input type="checkbox"/> B. For the NEWBORN (Z016.5, Z016.5, Z016.6, Z016.7, Z016.9) Eligibility criteria: <i>Any 1 AND/OR 2.</i> <input type="checkbox"/> Born in contracted HF <input type="checkbox"/> Born in another health facility <input type="checkbox"/> Non-institutional delivery (no attending HCP) | Status |
| 1. Gestational age less than 37 weeks, based on any of the following: | |
| 1.1 Ballard examination | |
| 1.2 Best obstetric estimate | |
| 1.2.1 Early trimester ultrasound (if available) OR | |
| 1.2.2 LMP | |
| 2. Weight less than 2,500 grams | |

| | | | |
|---|--|---|--|
| Certified correct by: | | Conforme by: | |
| | | | |
| (Printed name and signature) Attending Physician | | (Printed name and signature) Parent/Guardian | |
| PhilHealth Accreditation No. | | Date signed (mm/dd/yyyy) | |
| Date signed (mm/dd/yyyy) | | | |