

Series #

(For PhilHealth use only)

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

For **local confinement** , this form together with CF1 and other supporting documents should be filed within **60 DAYS** from date of discharge.

All information required in this form are necessary and claim forms with incomplete information shall not be processed.

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - PROVIDER INFORMATION (Institutional Health Care Provider to fill out items 1 to 13)

1. Name of Facility:

2. Address:

3. PhilHealth Accreditation No. (PAN):
(Institutional Health Care Provider)

4. Category of Facility:

☐ T-L4 /L3 ☐ ASC ☐ RHU

☐ S-L2 ☐ FDC ☐ TB DOTS

☐ P-L1 ☐ MCP ☐
(OTHERS)

5. PhilHealth Identification No. (PIN):
(Member)

6. Name of Patient

Last Name First Name Middle Name (example: Dela Cruz, Juan Jr., Sipag)

7. Date of Birth - - (month-day-year) 8. Age Year/s Month/s Day/s 9. Sex Male Female

10. Confinement Period

a. Date Admitted: - - (month-day-year)

b. Time Admitted: AM PM

e. No.of Days Claimed

c. Date Discharged: - - (month-day-year)

d. Time Discharged: AM PM

f. In case of Death, specify date - - (month-day-year)

| 11. Health Care Provider Services | Actual Charges | PhilHealth Benefit | For PhilHealth Use Only (Adjustments / Remarks) |
|--|----------------|--------------------|--|
| a. Room and Board Private Ward | | | |
| b. Drugs and Medicines (Part II for details) | | | |
| c. X-ray/Lab./Supplies & Others (Part III for details) | | | |
| d. Operating Room Fee | | | |
| TOTAL | | | |
| e. Benefit Package | | | |

12. Case Type* A B C D 13. Complete ICD-10 Code/s
*This is only applicable for claims with fee for service payment mechanism

(Professional Health Care Providers to fill out items 14 to 16)

14. Admission Diagnosis

15. Complete Final Diagnosis

16. Professional Fees / Charges

| a. Name of Professional b. PhilHealth Accreditation No. | c. Number of Visits / RVS Code d. Inclusive Dates (mm-dd-yyyy) | e. Total Actual PF Charges | f. PhilHealth Benefit | g. Amount paid by members | h. Signature i. Date Signed | For PhilHealth Use Only |
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