Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

Case No. ________________

Annex "C3 – Hearing Impairment"

CHECKLIST OF MANDATORY SERVICES
Z BENEFITS FOR HEARING IMPAIRMENT

EAR-MOLD REFITTING (TRANCHE No. ____)

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐
MEMBER (answer only if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

Age Group at Pre-authorization	Category of Hearing Impairment	Mandatory Service
Age 0 to less than 3 years old	Moderate hearing loss	Ear mold refitting every six months for five years
	Severe to profound hearing loss	Ear mold refitting every four months for five years
Age 3 to less than 6 years old	Moderate hearing loss	Ear mold refitting once a year for five years
	Severe to profound hearing loss	
Age 6 to less than 18 years old	Moderate hearing loss	Ear mold refitting once a year for three years

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Otolaryngologist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. ☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐	PhilHealth Accreditation No. ☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)

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