



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 “J– Hearing impairment”

Z BENEFITS FOR CHILDREN WITH HEARING IMPAIRMENT

PATIENT (Last name, First name, Middle name, Suffix)	BIRTHDAY (mm/dd/yyyy)
ADDRESS	
CONTACT NUMBER	

CERTIFICATE OF HEARING AID VERIFICATION

This certifies that patient _____, has completed the hearing aid verification.

Remarks (if any): _____

Conforme by Patient/Parent/Guardian:

Certified by:

Printed name and signature

Printed name and signature
Attending Audiologist