

**CHECKLIST FOR PAYMENT OF COVID-19 COMPENSATION CLAIMS**  
**MILD/MODERATE CASE**

<p>1. Updated Service Record or Certificate of Employment, or proof of contract with a hospital or health facility  - with inclusive dates of service (start of service to end)  - Original copy</p>
<p>2. Two valid government issued IDs (passport/driver's license/GSIS/UMID/PhilHealth/ Postal/PRC Senior Citizen/OFW ID)  - photocopy</p>
<p>3. Molecular and Diagnostic Pathology Test (MDPT) Result issued by DOH Accredited Laboratory  - <b>It should be certified by the issuing agency</b>  - certified true copy</p>
<p>4. Comprehensive Medical/Clinical Abstract or Discharge Summary signed by attending physician, if hospitalized  - It should be <b>Comprehensive</b>. It shall reflect <b>Course in the Ward</b>. <i>Course in the Ward</i> should reflect signs and symptoms of COVID 19 experienced by the patient during the time of infection  - Name of attending physician should be complete  - Certified True Copy</p>
<p>5. If home/facility quarantined: Medical Certificate issued by the city/municipal or provincial health authority/ appropriate epidemiology surveillance officer  - It should reflect the signs and symptoms of COVID 19 experienced by the patient during the time of infection. Attach <b>Home Isolation Contract/Patient Monitoring Sheet</b> signed by the BHERTS/LGU Health Facility if signs and symptoms of COVID 19 experienced by the patient <b>were not</b> reflected in the Medical Certificate.  - Original copy</p>
<p>6. Certification from MHO/CHO/LGU/Agency that you are performing COVID related duties, to include specific COVID 19 duties  - General COVID 19 duties indicated shall not be accepted  - Original copy</p>
<p>7. Special Power of Attorney (SPA) in case the person who will process the application is not the heir or the healthcare worker himself/herself  - Original</p>

**Note: Please ensure that required documents are complete and signed. Incomplete documents will not be accepted.**

Definition of Terms:

Mild COVID 19 Case – refers to symptomatic patients presenting fever, cough, fatigue, anorexia, myalgia; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell or loss of taste preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia

Moderate COVID 19 Case – Patient with clinical signs of non-severe pneumonia (e.g. fever, cough, dyspnea, respiratory rate (RR) = 21-30 breaths/minute, peripheral capillary oxygen saturation (SpO2).92% on room air

**Source: DOH-DBM Joint Administrative Order No. 2020-001**

**CHECKLIST FOR PAYMENT OF COVID-19 COMPENSATION CLAIMS**  
**SEVERE/CRITICAL CASE**

1. Updated Service Record or Certificate of Employment, or proof of contract with a hospital or health facility - with dates of service with dates of start and end - Original copy
2. Two valid government issued IDs (passport/driver's license/GSIS/UMID/PhilHealth/ Postal/PRC Senior Citizen/OFW ID) - photocopy
3. Molecular and Diagnostic Pathology Test (MDPT) Result issued by DOH Accredited Laboratory - <b>It should be certified by the issuing agency</b> - certified true copy
4. Comprehensive Medical/Clinical Abstract or Discharge Summary signed by attending physician, if hospitalized - It should be <b>Comprehensive. It shall reflect <i>Course in the Ward</i></b> . <i>Course in the Ward</i> should reflect signs and symptoms of COVID 19 experienced by the patient during the time of infection - Name of attending physician should be complete - Certified True Copy
5. Arterial Blood Gas (ABG) result - Certified True Copy
6. Chest X-ray Result - Certified True Copy
7. Certification from MHO/CHO/LGU/Agency that you are performing COVID related duties, to include specific COVID 19 duties - General COVID 19 duties indicated shall not be accepted - Original copy
8. Special Power of Attorney (SPA) in case the person who will process the application is not the heir or the healthcare worker himself/herself - Original

**Note: Please ensure that required documents are complete and signed. Incomplete documents will not be accepted.**

Definition of Terms:

Severe COVID 19 Case – refers to confirmed cases classified as either “severe pneumonia” or “critical pneumonia”, based on Philhealth Circular 2020-009 and patient with clinical signs of severe pneumonia or severe acute respiratory infection as follows: fever, cough, dyspnea, RR>30 breaths/minute, severe respiratory distress or SpO2<92% on room air.

Critical COVID 19 Case – Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock

**Source: DOH-DBM Joint Administrative Order No. 2020-001**

**CHECKLIST FOR PAYMENT OF COVID-19 COMPENSATION CLAIMS**  
**DEATH**

<b>Required Document</b>
1. Updated Service Record or Certificate of Employment, or proof of contract with a hospital or health facility - with dates of service with dates of start and end - Original copy
2. Two valid government issued IDs (passport/driver's license/GSIS/UMID/PhilHealth/ Postal/PRC Senior Citizen/OFW ID) - photocopy -
3. Molecular and Diagnostic Pathology Test (MDPT) Result issued by DOH Accredited Laboratory - <b>It should be certified by the issuing agency</b> - certified true copy
4. Comprehensive Medical/Clinical Abstract or Discharge Summary signed by attending physician, if hospitalized - Certified True Copy - It should be <b>Comprehensive. It shall reflect <i>Course in the Ward</i></b>
5. Certification from MAO/CHO/LGU/Agency that the health worker was performing COVID related duties, including specific functions for COVID 19 management - Original copy
6. Affidavit by attending physician that the immediate, underlying, or antecedent cause of death and/or other significant conditions contributing to death of the health worker is due to COVID 19 - Original copy
7. Death Certificate of the deceased health worker issued by PSA, or PSA-authenticated death certificate issued by LGU - Original Copy
8. Two (2) valid government IDs of the claimant (passport/driver's license/GSIS/UMID/PhilHealth/ Postal/PRC Senior Citizen/OFW ID) - Photocopies
9. Marriage Certificate issued by PSA, if one of the claimant is the surviving spouse - Original copy
10. Certificate of Finality of Annulment/Nullity or Annotated Marriage Contract/Certificate issued by PSA, if applicable - Authenticated copy
11. Birth Certificate/s of Child/Children issued by PSA or issued by the Local Civil Registrar, if one or some claimants is/are the surviving child/children - Original copy
12. Affidavit of Guardianship of minor or incapacitated child/children, if applicable - Original copy

**Note: Please ensure that required documents are complete and signed. Incomplete documents will not be accepted.**