CLAIM FORM 4 (CF4)

This is the entry of CF4 requirement of PhilHealth. The data from Admission Record will be auto-populated here like Chief Complaint, Diagnosis among others.

1. To **OPEN** entry, select a patient record and go to the CF4 link located on top of the screen and/or on the right side of the screen.

MedSys Kairr-feld Crea Consulting Inc.	Dr. Medsys Medsys M Nursing Services Doctor NURSING STATIONS	Medsys 000 000 Tickets Do	c Orders Home Logo) Jut	
DALISAY, CARDO PARAS Summary, DashBoard Main CF4 Orders DALISAY, CARDO PARAS Hosp Num 69021 Adm Num 73 fr.O Birthdate 2/24/1947 Age:75 Address BLK 10 LOT 101 PHASE 1 MA Contact # 09062635280 C19 Category set	Course Vitals OR Rx Res PD:140599B Roc NBI ARIGONDON , LA UNION, Ad Dis Co Phi	sutts Lab Img Vac PACS I om 3B-SP5 IB No Im Date 5/10/2022 2:02:00 PM scharge ompany illHealth#	Pat.List Patinfo Tieup Destination Addt'l Info SMS	ම ම Edit	Patient List Charge Record Results
Attending Doctor: MEDSYS M MEDSYS Admitting Doctor: MEDSYS M MEDSYS				6	Documents
Allergies Re	fresh Add	Save		Chai	im Form 4
Allergy1: F	Remove			Doc	tors Orders

2. To **ADD** or **EDIT** entries, input data on the desired textbox. Click [**SAVE**] afterwards before proceeding to the next tab.

MedSys	Dr. Medsys Medsys Nursing Services Doctor NURSING STATIONS	<u>s Medsys</u> 000 000 000	Tickets Doc Orders	Abome
DALISAY, CARDO PA	RAS	Health#		SMS
Claim Form 4	Refresh			
Open by: Mark for Editing Verify by: Check (before Verify)			
Diagnosis and History Pertinent	Signs and Symptoms Phall Ramin	ation Course in the	Ward Referral	
Chief Complaint & Diagnosis	Refresh Save by: 8 8/17/2022 11:16:42 AM	Check		
Chief Complaint	Admission Diagnosis	Final D	iagnosis	
FEVER		Dengu	e with warning sign	S
	\ P	<u>find</u>		
Medical History	Refresh Save	Check	by: 8 8/17/2022	11:16:42 AM
History of Present Illness				
2 days prior to consult noted in Paracetamol syrup. 1 day prior noticed. Patient had good appe associated decrease in energy done revealing a positive test for	termittent febrile episodes (Tmax38 ; r to consult resolution of fever was no tite and oral intake. On consult febril and decrease in appetite. Consult w or Dengue IgM/ IgG and NS1 patient	 with noted tempo oted and no other s e episodes were ag a sought at a privat was advised admis 	orary relief when giv igns and symptoms gain noted (Tmax: 3 te clinic wherein lab ssion.	en were 7.2) with s tests were
ROS: - hematuria, - melena, - her	natochezia, -abdominal pain, - muco	sal bleeding, - rash	es	
Pertinent Past Medical History				
PMH: No known comorbids No known allergies				

a. DIAGNOSIS AND HISTORY

Chief Complaint

- The concise statement of the patient as he/she describes his/her symptom, problem, condition, return, or other factor that prompted the confinement or medical encounter. Important note:

For special cases like chemotherapy, may indicate as chief complaint "chemotherapy session for breast cancer"; radiotherapy treatment, write "radiotherapy session for prostate cancer; or hemodialysis treatment, write "hemodialysis" or extracorporeal dialysis."

Admission Diagnosis

- The initial impression or working diagnosis as documented by the attending physician based on assessment upon admission.

• Final Diagnosis

- The final diagnosis of attending physician just before patient leaves the hospital. For purposes of CF4, the discharge diagnosis refers to the identified nature and cause of a disease or injury through evaluation of patient history, physical examination, and review of laboratory/imaging data.

History of Present Illness

- A concise statement about the history for the medical encounter arranged in chronological order.

• Pertinent Past Medical History

- Indicate all pertinent diagnosed condition(s) in the past including previous hospitalizations and surgeries of the patient.

b. PERTINENT SIGNS AND SYMPTOMS

Indicate all pertinent signs and symptoms upon admission. This is equivalent to review of systems (ROS). May use 'Others' if other than those specified in CF4.

c. PHYSICAL EXAMINATION

- i. Indicate all pertinent PE findings on admission. If there are no findings, check **Essentially normal**. For additional notes and laterality (when applicable), may indicate as side note beside each box.
- **ii.** The blood pressure measurement is required for ALL patients including pediatric patients from age three (3) years old. Indicate the systolic and diastolic values properly.
- iii. The height in centimeters (cm) and the weight in kilograms (kg) should be reported for ALL patients.

d. COURSE IN THE WARD

- i. Enumerate all relevant activities/actions taken during episode of care arranged in chronological order (i.e., start from date of admission). The date for each activity should be indicated in the appropriate space provided for. This section also includes notes of patient's progress and corresponding action(s) taken by appropriate health care professional(s).
- ii. For day surgeries and repetitive procedures, may indicate only the essential orders of attending physician(s). State any key changes in patient's condition, if any. For repetitive procedures, especially those with multiple sessions in one claim, pertinent event in each procedure date should be reflected in this section. If there are no significant events during the session/encounter, may indicate "No reportable or pertinent incidents during the procedure/session" or a similar statement.
- iii. Please attach copies of pertinent laboratory and/or imaging results to support the management during episode of care and final diagnosis during discharge.

To ADD new course, click on the [Add New] link button located on top of the Course in the Ward screen.

Diagnosis and History	OB/GYN Pertinent Signs and Symptoms	Physical Examination	Course in the Ward	Referral		
Course in the Wa	Add New 1950725	iВ				
	Check & Fix	Save to P	atient History	Import Out Patie	nt Orders	5
Course Date		Details			Edit	Delete
	still complaining low back pains with mili claimed that back pain is chronic, since l cervical punch biposy result- squamos c	tation of movement before diagnosed witl ell carcinoma , poorly	h cervical CA differentaited			
Aug 8 2022 7:44 AM	lab result - noted celeocobib 200mg 1 cap 2 xaday alanerv 1 tab daily foir possible MRI of lumbar bone in am refer to rheumatologist for further evalau	ition and managemnt			<u>Edit</u>	<u>Delete</u>
Aug 9 2022 1:02 PM	still in pain - decrease in intensity on parecoxib IV q 12 and algesia q 8 hours				<u>Edit</u>	<u>Delete</u>
Aug 9 2022 3:14 PM	first hospital day, awake, complaining of 110/7, cr-68, osat-99, rr-20/min + limitation of movement lab exams noted - normal order followup MRI results for urinalysis IVF x 16	tolerable pain noted	after MRI procedure	3	Edit	<u>Delete</u>
	rehumatology still in pain - decrease in intensity on parecoxib IV q 12 and algesia q 8 hours					

To EDIT course, click on the [Edit] link button located on the right side of the screen.

Diagnosis and History	OB/GYN	Pertinent Signs and	Symptoms	Physical Examination	Course in the Ward	Referral		
Course in the Wa	ard	Add New	1950725	5B				
		Check	& Fix	Save to F	Patient History	Import Out Patier	nt Orders	3
Course Date				Details			Edit	Delete
	still comp claimed t cervical p	plaining low back pa hat back pain is chr ounch biposy result-	ins with mili onic, sinec l squamos c	itation of movement before diagnosed wit cell carcinoma , poorl	th cervical CA y differentaited			
Aug 8 2022 7:44 AM	lab result celeocobi alanerv 1 foir possi refer to rh	- noted ib 200mg 1 cap 2 xa tab daily ible MRI of lumbar b heumatologist for fu	aday one in am rther evalau	ution and managemn	t	6	<u>Edit</u>	<u>Delete</u>
Aug 9 2022 1:02 PM	still in pai on parece and alges	in - decrease in inte oxib IV q 12 sia q 8 hours	nsity				<u>Edit</u>	<u>Delete</u>
	first hosp 110/7, cr- + limitatio lab exam	ital day, awake, con -68, osat-99, rr-20/m on of movement is noted - normal	nplaining of nin	tolerable pain noted	after MRI procedure	e		
Aug 9 2022 3:14 PM	order followup I for urinaly IVF x 16	MRI results ysis					<u>Edit</u>	<u>Delete</u>
	rehumato still in pai on pareco and alges	ology in - decrease in inte oxib IV q 12 sia q 8 hours	nsity					

Click on the [**Update**] link button to save change(s). Otherwise, click on the [**Cancel**] link button to disregard change(s).

Course Date	Details	Edit	Delete
Aug 8 2022 7:44 AM	still complaining low back pains with militation of movement claimed that back pain is chronic, sinec before diagnosed with cervical CA cervical punch biposy result- squamos cell carcinoma , poorly differentaited lab result - noted celeocobib 200mg 1 cap 2 xaday alanerv 1 tab daily foir possible MRI of lumbar bone in am refer to rheumatologist for further evalaution and managemnt	Dupdate Cancel	<u>Delete</u>

CHECK & FIX – this feature will scan the entire Course in the Ward data to identify missed date(s). It is applicable to the DELAYED or LATE entries of courses. Missed date(s) will be highlighted in BLUE color. Click on the EDIT button to enter late course(s). Afterwards, click on the Update button to save data.

Alternatively, the user can directly open course in the ward entry by clicking on the [**Course**] link button located on top of the screen and/or on the right side of the screen.

DALISAY, CARDO PARAS		
Summary DashBoard Main CF4 Orders Course Vitals OR RA	<u>x Results Lab Img Vac PACS Pat.List</u> PatInfo	
DALISAY, CARDO PARAS Hosp Num 69021 Adm Num 202201073 fr.OPD	Room 3B-SP5	Patient List
Address BLK 10 LOT 101 PHASE 1 MARIGONDON , LA UNION,	Adm Date 5/10/2022 2:02:00 PM Destination	ô Charge
Contact # 09062635280 C19 Category <u>set</u>	Company PhilHealth# SMS	Edit
Claim Form 4 Refreeh		🗊 Results
		Documents
Open by: open by MEDSYS MEDSYS MEDSYS on 8/17/2022 11:18:00	AM Done Edit	Claim Form 4
Verify by:	Check (before Verify)	Doctors Orders
Diagnosis and History Pertinent Signs and Symptoms Physical Example	mination Course in the Ward Referral	Course in Ward
Chief Complaint & Refresh Save	Check	💼 Chart
Diagnosis by: 8 8/17/2022 11:16:42 AM		த Doctor
Chief Complaint Admission Diagnosis	Final Diagnosis	
FEVER DENGUE FEVER	Dengue with warning signs	Nuise

e. REFERRAL

To be filled-out only when patient came from another health facility for a stated reason in the referral form/clinical chart (or any equivalent). Check appropriate tick box. If yes, indicate the reason(s) for referral and identity of originating HCI.

3. To **VERIFY** entries, click on the [**Check (before Verify)**] button. This will check if there are missing entries or if all entries are completed.



Once **COMPLETED**, click the [**Confirm Verification**] button to confirm the completeness of CF4 data.

Claim Form 4	Refresh		
Open by: open by MEDSYS MEDSYS MEDSY	'S on 8/17/2022 11:18:00 AM	Done Edit	
Verify by:		Check (before Verify)	
All entries are filled.			
	Verification Panel		
	Confirm Verification		
Diagnosis and History Pertinent	ymptoms Physical Examination	tion Course in the Ward	Referral