

Software Solution Validation Test Form - PecWVS v2.5
Claim Form 4 (CF4)

Name of Health Care Institution		LORNA MEDICAL CENTER, SAN FERNANDO, LA LINDA	
In-house <input type="checkbox"/>	Outsourced <input type="checkbox"/>	Name of Service Provider	
Software Name / Title		MEDSYS ECLAIMS	
Date of Test		3/12/21	
Version #		MEDSYS	
Time of Test		9:15 AM	

CRITERIA	CYCLE # _____		CYCLE # _____		CYCLE # _____	
	P	F	P	F	P	F
STAGE 1 (for PhilHealth Regional Offices Use)						
A. * Compliance to CF4 (PC#2019-00002, PC#2018-0014, PC#2018-0007)						
<ul style="list-style-type: none"> Has data entry for the Height and Weight and requires to have a value 	/	/	/	/	/	/
<ul style="list-style-type: none"> Has data entry for Systolic and Diastolic for patient ages 3 years and above and requires to have a value 	/	/	/	/	/	/
<ul style="list-style-type: none"> Is able to use of '1' as value for Systolic and Diastolic (1/1) for patients where BP are not available or not required and '2' for palpatory patients (2/2) Is able to use of the additional library code for no medicine record. 	/	/	/	/	/	/
<ul style="list-style-type: none"> Is able to upload CF4 XML (with screenshot as proof) 	/	/	/	/	/	/

B. SECURE / ADEQUATE LINK / BANDWIDTH

- ISP Provider: _____
- Type of Connection (Dedicated/not Personal): _____
- Bandwidth: _____

RESULT:
EVALUATORS:

PASSED / FAILED: PASSED

Cycle # 1
Florencio L. Calaman Jr.
Signature above Name

Position

GABRIEL P. MORILLAS
Signature above Name

Position

Luisito
Signature above Name

Position

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