

Republic of the Philippines **SOCIAL SECURITY SYSTEM ECMED EVALUATION SHEET**

CONTROL NUMBER CLAIM NUMBER

PART I - TO BE FILLED OUT BY SENIOR CLERK													
SS NO./COMMON REFERENCE NO. OF MEMBER NAME OF MEMBER (LAS						T NAME)	(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		
	\perp												
PART II - TO BE FILLED OUT BY MEDICAL SPECIALIST													
MEDICAL EVALUATION													
CLAIM TYPE	NFINEM	ENT I	INDIC	ATOF	₹	DA	TE ADMITTEI	D (MMDDYYYY)	DATE D	ISCHARGED	(MMDDYYYY)		
			Out-patient				Confined						
TYPE OF SICKNESS/INJURY													
☐ Wound	S	☐ Maligna				ancy	☐ Hearing Loss						
☐ Fracture/Sprain ☐ Foreign Body						Cerebr	o-Vascular Accident	☐ Peptic Ulcer Disease					
☐ Burns ☐ Vehicular Accident						Jremia	l	☐ Hypertensive Cardio-Vascular Disease					
☐ Amputations ☐ Pulmonary Tuberculo				osis				☐ Others					
BODY PARTS AFFECTED													
☐ Head/Neck ☐ Upper Extrimities - Ar					□ F	Respir	atory	☐ Blood/Blood forming organs/Lymphatics					
☐ Ears	☐ Upper Extrimities - Hands					Cardio	vascular	Others					
☐ Eyes ☐ Lower Extrimities - Legs					☐ Genito-urinary								
☐ Trunk ☐ Lower Extrimities - Foot					Gastrointestinal								
☐ Spine	☐ Multiple Parts ☐ Centra					Centra	Nervous System						
ICD-10 CODE			DIAGNOSIS										
			I I										
N			Class Primary Indica			_			Visit/s	•	RUV		
Name of Attending Doctor		SP	GΡ	ı	S A	N	Claimed	Claimed	Allowed	Code	Unit	Frequency	
1)													
2)													
3)													
•													
4)													
EVALUATED BY R							REVIEWED BY		•				
OLONATURE OVER PRINTER NAME OF													
SIGNATURE OVER PRINTED NAME OF DATE MEDICAL SPECIALIST						SIGNATURE OVER PRINTED NAME OF DATE							
IVIEDICAL SPECIALIST						MEDICAL SPECIALIST							

LEGEND FOR PRIMARY INDICATOR:

- T Attending Doctor (Once selected as primary indicator, it is required to check applicable Class, SP or GP)
- Α
- Assistant SurgeonAnesthesiologist