Healthwise

Fast, Reliable, and Cost-efficient Medical Support

CONFORME TO HEALTHWISE COVERAGE

Enrollment Agreement and Declaration Form

I, the undersigned, hereby acknowledge that I have read, understood, and agree to the terms and conditions of the HealthWise Coverage Proposal, which includes the following:

I. INCLUSIONS (COVERED BENEFITS)

A. Annual Physical Exam (APE) and Preventive Care

1. Annual Physical Exam includes:

a. Complete blood count
b. Physical Examination
c. Urinalysis
d. Fecalysis
e. Chest x-ray
f. Electrocardiogram (for members ages thirty-five (35) years and above, or if indicated)
g. Pap smear (for members ages thirty-five (35) years and above, or if prescribed)

2. Preventive Care

a. Periodic medical check-up
b. Management of health problems
c. Routine immunization (vaccine cost excluded)
d. Health counseling (diet, stress, wellness) - for consultation only
e. Pre-employment examination shall be covered but will be considered as the Annual Physical Exam of the member for the contract period

B. OUT-PATIENT SERVICES

1. Medical/Doctor consultations (excluding medicines)
2. Consultations with Psychiatrist (Psychotherapy is not included)
3. Emergency room care
4. Referrals to specialist/s
5. Diagnostic tests (labs, X-rays)
6. Minor injury/illness treatment
7. Minor surgeries not requiring confinement

8. ENT & vision consults
9. Speech & physical therapy (up to 12 sessions/year)

C. IN-PATIENT / CONFINEMENT

1. Room & board
2. Use of operating/recovery room facilities
3. Standard admission kit (ID bracelet, thermometer, etc.)
4. Professional services (doctors, surgeons, anaesthesiologists)
5. Anaesthesia, medications, blood transfusions, IV fluids, labs, imaging and other diagnostic examinations
6. Pharmacy supplies, dressings, casts, sutures and other items directly related to the medical management of the patient
7. ICU confinement, dialysis, CT scan, ultrasound (excludes for maternity cases)
8. Ambulance services (hospital-to-hospital transfer)

D. EMERGENCY CARE

1. Doctor services
2. Medicines used
3. Oxygen and intravenous fluids
4. Dressings, casts and sutures
5. Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient

E. Dental Services

1. Dental examination
2. Annual oral prophylaxis
3. Oral health education through chairside instruction
4. Orthodontic consultation
5. Temporo Mandibular Joint (TMJ) consultation (clicking of jaws)
6. Emergency dental treatment for the relief of pain
7. Gum treatment for cases like inflammation or bleeding
8. Temporary fillings
9. Simple extraction of unsavable tooth
10. Recementation of fixed bridges, crowns, jackets, inlays/outlays
11. Permanent Lightcure Filling (covered up to two (2) teeth)

II. Pre-Existing Conditions (PEC) – A disability which is diagnosed **PRIOR TO ENROLLMENT**. PECs are limited and subject to a **Maximum Benefit Limit**. The following are automatically considered as pre-existing conditions:

1. Dreaded Diseases
2. Hypertension
3. Thyroid disease, Goiter
4. Cataracts/Glaucoma/Pterigium
5. Ear nose and/or throat conditions requiring surgery

6. Asthma
7. Tuberculosis
8. Chronic cholecystitis/cholelithiasis and other forms of calcification
9. Hernia
10. Hemorrhoids and fistulae
11. Tumors
12. Uterine myoma, ovarian cysts endometriosis
13. Buergers disease
14. Varicose veins
15. Scoliosis
16. Arthritis
17. Chronic Allergies
18. Gastric and duodenal ulcers
19. Stroke
20. Paralysis
21. Epilepsy
22. Diabetes
23. Heart diseases

III. EXCLUSIONS AND LIMITATIONS

A. Healthwise will not cover any costs or losses arising directly or indirectly from:

1. Hospital charges for special or private nursing services, supplemental foods and medicines like vitamins and minerals (unless prescribed), extra accommodation and non-medical personal appliances such as radio, television, telephone, computer
2. Government requirements, insurance purposes, or travel abroad
3. Recuperation such as confinement in a sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, Government imposed quarantines
4. Medical certificates
5. Professional fees in medico-legal cases
6. Refusal to undergo recommended treatment or demanding treatment for which our doctors believe a professionally acceptable alternative exists
7. Blood screening (performed without symptoms/ no immediate illness to treat - just to check/ for wellness)
8. Vaccines for immunization, anti-rabies, anti-venom, steroid injections
9. Organ transplants or acquisition of an organ
10. Procurement or use of eyeglasses, special braces, steel implants, buckles for retinal detachment, wheelchairs or prosthetic appliances including but not limited to items such as artificial limbs, hearing aids, crutches, intra-ocular lens, contact lenses, artificial hips or joints, pacemakers, mesh (for hernia), stents and ventilating tubes

B. Treatment / Procedures not covered

1. Laser eye surgery for myopia or error of refraction
2. Acupuncture, chiropractic treatment, iridology, chelation; cell implant therapy

3. Speech or physical therapy in excess of twelve (12) sessions
4. Psychiatric and psychological treatment (hospital confinement, psychotherapy)
5. Sleep Study, unless directly related to an organic illness and the maximum limit is PHP5,000.00
6. Reconstructive surgery except to treat a functional defect directly caused by accident or illness covered herein, cautery of warts, milia, xyringoma, facial moles, aesthetic, cosmetic or beautification alterations, sclerotherapy
7. Out-patient medicines and medical supplies except in emergency cases
8. All other treatments, laboratory examinations, diagnostic procedures and surgical procedures not specifically defined in this Agreement are considered not covered (Example but not limited to the following: Dental Surgery, Dental X-Ray, etc.)

C. EXTERNAL FORCES / ACTIVITIES

1. War-like or combat operations, Government declared acts of rebellion, active participation in riots or demonstrations, strikes or labor disputes, terrorism, provoked criminal acts, violation of a law or ordinance, commission of a crime whether consummated or not, serving in military, naval, or air forces of any country or international authority
2. Unnecessary exposure to imminent danger or hazard, active participation in setting off and/or handling pyrotechnic materials, attempted suicide, self inflicted injuries
3. Participation in hazardous activities such as skydiving, motor sports, judo, karate, taekwondo, boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, rock climbing, hang gliding, spelunking, ballooning, gymnastics, or partaking as a paid professional or semi-professional in any sport
4. Government declared epidemics; complete or partial destruction of hospital by fire; flood, or other perils; earthquake, tsunami, volcanic eruption; acts or order of Government, brownouts
5. Aviation or aeronautics or sea travel other than as a fare-paying passenger on a licensed aircraft/vessel operated by a recognized airline/operator

D. Advanced Modalities

- Specialized treatments requiring advanced equipment are capped at PHP 5,000 per occurrence; further traditional treatment for same case not covered.
- Complications related to an illness share the same Maximum Benefit Limit (MBL)—no separate MBL for complications
- If you don’t file PhilHealth forms correctly before discharge, you'll pay the PHIC portion yourself or file directly with PhilHealth. Healthwise doesn't advance PHIC or ECC claim.

III. MEMBER CONTRIBUTION

As part of my enrollment, I agree to contribute a **non-refundable annual contribution fee of (a)P24,000 with a Maximum Benefit Limit (MBL) of P80,000; (b)₱36,000 with** a **Maximum Benefit Limit (MBL) of ₱120,000**. This payment entitles me to HealthWise coverage and services as set forth in this Conforme and in the official HealthWise Coverage Proposal. The contribution is valid for a period of twelve (12) months.

IV. DECLARATION OF PRE-EXISTING MEDICAL CONDITIONS (PECs)

I understand that HealthWise limits or excludes coverage for medical conditions diagnosed prior to enrollment. These include, but are not limited to: hypertension, diabetes, stroke, heart disease, asthma, tumors, and other chronic conditions.

Please list any known medical conditions below (If none, write 'None'):

_____

_____

_____

_____

_____ ☐ I declare that the above is true and complete to the best of my knowledge.

☐ I understand that non-disclosure of any pre-existing condition may result in denial of claims.

V. MEMBER CONSENT AND SIGNATURE

By signing this Conforme, I voluntarily enroll in the HealthWise program, agree to all its provisions, and commit to complying with its availment protocols and documentation requirements.

MEMBER INFORMATION

Name:

_____ Date of

Birth: _____

Contact Number:

_____ Email Address:

_____

Signature of Member: _____

Date Signed: _____