



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Case No. _____

Annex "A – ALL"

HEALTH CARE PROVIDER (HCP)		
ADDRESS OF HCP		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	<input type="checkbox"/> Same as patient (Answer the following only if the patient is a dependent)	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Fulfilled selections criteria Yes If yes, proceed to pre-authorization application
 No If no, specify reason/s and encode _____

PRE-AUTHORIZATION CHECKLIST
Acute Lymphocytic/Lymphoblastic Leukemia
Standard Risk

Place a check mark (✓)

QUALIFICATION	YES
Age 1 to 10 years and 364 days	

Conforme by Parent/Guardian:

Printed name and signature

ATTESTED BY ATTENDING PHYSICIAN

Place a check mark (✓)

QUALIFICATIONS	YES
1. Bone marrow aspirate morphology ALL FAB L1 or L2*	
2. No CNS involvement based on:	
a. CSF cell count and differential count	
b. Clinical findings	
3. If male, no testicular involvement <i>If female, put "N/A"</i>	

* L3 morphology is excluded



Revised as of November 2021

Place a check mark (✓)

DIAGNOSTICS	YES	DATE DONE (mm/dd/yyyy)
CBC WBC count <50,000/ μ L or <50,000 cells/ μ L or <50 x 10 ³ / μ L or <50 x 10 ⁹ /L		
CSF cell count white blood cell (WBC) not more than 5 x 10 ⁶ /L		

Certified correct by Attending Physician:

PhilHealth Accreditation No. - -

Printed name and signature

Note:
 Once approved, the contracted *HCP* shall print the approved pre-authorization form and have this signed by the parent or guardian and healthcare providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.
 There is no need to attach laboratory results. However, these should be included in the patient’s chart and may be checked during the field monitoring of the Z Benefits. Please do not leave any item blank.



