



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



Date \_\_\_\_\_  
Name of Hospital \_\_\_\_\_  
Name of Patient \_\_\_\_\_  
PhilHealth ID Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**PRE-AUTHORIZATION CHECKLIST  
CERVICAL CANCER**

(Place a √)

QUALIFICATIONS	Yes	No	Attested by Attending Gyne-Onco
1. Biopsy result			
2. No previous radiotherapy			
3. No previous chemotherapy			
4. Treatment plan from Gynecologic Oncologist			
5. No uncontrolled co-morbid conditions			

FIGO Clinical Staging	Yes	Date done	Attested by Attending Gynecologic-Oncologist
<b>Stage:</b> (Check √ only one)			
Stage IA1			
Stage IA2			
Stage IB1			
Stage IB2			
Stage IIA1			
Stage IIA2			
Stage IIB			
Stage IIIA			
Stage IIIB			



**PRE-AUTHORIZATION REQUEST FOR CERVICAL CANCER**

Date of Request \_\_\_\_\_

This is to request approval for provision of services under the Z benefit package for \_\_\_\_\_ in \_\_\_\_\_  
 (COMPLETE NAME OF PATIENT) (NAME OF HOSPITAL)

under the terms and conditions as agreed for availment of the Z Benefit Package for cervical cancer.

The patient belongs to the following category (tick  appropriate box):

- NBB**
- FIXED CO-PAY** (chemo, brachy low dose, cobalt or primary surgery)
- FIXED CO-PAY** (chemo, brachy high dose & linear accelerator)

Requested by: \_\_\_\_\_

Noted by: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name & Signature**  
**Attending Gynecologic Oncologist**

\_\_\_\_\_  
**Printed Name & Signature**  
**Medical Director/Chief of Hospital**

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 (For PhilHealth Use Only)

- Approved
- Disapproved

\_\_\_\_\_  
**Head, Benefits Administration Section**  
 (Signature over Printed Name)

Date: \_\_\_\_\_