

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center (02) 441-7442 Trunkline (02) 441-7444 www.philhealth.gov.ph



Case No	
	Annex "E2 – AL
HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name	, Suffix)
PHILHEALTH ID NUMBER OF PATIENT	
MEMBER (if patient is a dependent) (Last name	, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER	
	OR REIMBURSEMENT (TRANCHE 2)
Acute Lymphocytic/Lymphobl Consolidation, Interim, Maintenance	astic Leukemia (Standard Risk) ee and Delayed Intensification Phase
Acute Lymphocytic/Lymphobl Consolidation, Interim, Maintenance Requirements	astic Leukemia (Standard Risk)
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As of October 2015

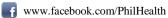
PhilHealth

Accreditation No.

Date signed (mm/dd/yyyy)

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Date signed (mm/dd/yyyy)