



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Barawit Pilipino MIYEMBRO
Barawit miyembro PROTEKTADO
Kalusugan natin SEGUARADO

Case No. _____

Annex "C1- Breast CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Early Breast Cancer
Post-Surgery
Tranche 1

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) in the status column if DONE or NA if not applicable.

MANDATORY AND OTHER SERVICES	Status
A. Procedure: Total mastectomy or modified radical mastectomy <input type="checkbox"/> R breast <input type="checkbox"/> L breast <input type="checkbox"/> bilateral breast	
B. Diagnostics:	
1. Mammography	
2. Histopathology	
3. ER/PR	
4. Her2 neu test*	
5. CBC with platelet count*	
6. Chest X-ray PAL*	
7. Ultrasound of whole abdomen*	
8. Alkaline phosphatase**	
9. ECG, as needed	
10. Creatinine, as needed	
11. PT/PTT, as needed	

*not required for cStage 0 DCIS

** not required for cStage 0 DCIS, I and IIA

MANDATORY AND OTHER SERVICES	Status
12. CP clearance, as needed	
13. FBS, as needed	
14. Electrolytes, as needed	
a. Sodium	
b. Potassium	
c. Calcium	
d. Phosphate	
15. Urinalysis, as needed	
16. 2D echo, as needed	
17. SGPT, as needed	
18. SGOT, as needed	
19. Complete list of medicines given: (may attach a separate sheet)	

*not required for cStage 0 DCIS

** not required for cStage 0 DCIS, I and II

Certified correct by:													Certified correct by:												
(Printed name and signature) Attending Surgeon													(Printed name and signature) Attending Medical Oncologist												
PhilHealth Accreditation No.													PhilHealth Accreditation No.												
Date signed (mm/dd/yyyy)													Date signed (mm/dd/yyyy)												

Conforme by:												
(Printed name and signature) Patient												
Date signed (mm/dd/yyyy)												