RRepublic 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 "C2– Breast CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Early Breast Cancer
Upon completion of one (1) month hormonotherapy or last cycle of chemotherapy for stages I-IIIA and upon completion of surgery for stage 0

Tranche 2

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 ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

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

MANDATORY AND OTHER SERVICES	Status
A. Histopathologic Stage (Indicate): _____	
B. Complete list of medicines given:	
1. Hormonotherapy:	
Tamoxifen	
2. Chemotherapy* (any of the following treatment protocols):	
a. AC	
i. doxorubicin	
ii. cyclophosphamide	
b. CMF**	
i. cyclophosphamide	
ii. methotrexate	
iii. fluorouracil	
c. FAC	
i. fluorouracil	
ii. doxorubicin	
iii. cyclophosphamide	

*not required for Stage 0 DCIS
**for elderly or those with heart disease who cannot tolerate doxorubicin

MANDATORY AND OTHER SERVICES	Status
d. AC + T	
i. doxorubicin	
ii. cyclophosphamide	
iii. docetaxel	
e. TC	
i. docetaxel	
ii. cyclophosphamide	
3. Anti-emetic (as indicated) Name of anti-emetics _____	
4. Antibiotics (as indicated) Name/s of antibiotics _____ _____ _____	
5. Pain relievers (as indicated) Name/s of pain relievers _____	
6. Other medicines: (as indicated) Specify:_____	

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)