Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

Case No. ____________________

CHECKLIST OF MANDATORY AND OTHER SERVICES
Breast Cancer - Diagnostics and Prognostication

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐-☐☐☐☐☐☐☐☐☐-☐	
B. MEMBER	**(Answer only if the patient is a dependent; otherwise, write, "same as above")** 1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number ☐☐-☐☐☐☐☐☐☐☐☐-☐	

Place a (✓) in the appropriate tick box

MANDATORY SERVICES	
Diagnostic Test	
☐ Ultrasound **AND/OR**	Date of procedure (mm/dd/yyyy): ____________
☐ Mammography **AND**	Date of procedure (mm/dd/yyyy): ____________
☐ Clinical Consultation	Date of consultation (mm/dd/yyyy): ____________
Breast Panel	
☐ ER/PR Hormone Test	Date of procedure (mm/dd/yyyy): ____________
☐ Her2/neu Immunohistochemistry (IHC) testing	Date of procedure (mm/dd/yyyy): ____________
☐ Complete Blood Count with platelet count	Date of procedure (mm/dd/yyyy): ____________
☐ Metabolic panel with liver function tests	Date of procedure (mm/dd/yyyy): ____________
☐ Alkaline phosphatase	Date of procedure (mm/dd/yyyy): ____________
Fluorescent in situ hybridization (FISH)	
☐ Fluorescent in situ hybridization (FISH) for Her2 Neu amplification	Date of procedure (mm/dd/yyyy): ____________

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER	**(Answer only if the patient is a dependent; otherwise, write, "same as above")** 1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Patient
PhilHealth Accreditation No. ☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	