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 – Targeted Therapy (Tranche 2)

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.

Laterality and Clinical Staging [a]	
☐ **Right**	☐ **Left**
☐ cStage 0	☐ cStage 0
☐ cStage IA	☐ cStage IA
☐ cStage IB	☐ cStage IB
☐ cStage IIA	☐ cStage IIA
☐ cStage IIB	☐ cStage IIB
☐ cStage IIIA	☐ cStage IIIA
☐ cStage IIIB	☐ cStage IIIB
☐ cStage IIIC	☐ cStage IIIC
☐ cStage IV	☐ cStage IV

[a] If bilateral, tick in the appropriate box both laterality and its corresponding clinical staging

Place a (✓) in the appropriate tick box if the services is done and indicate the date

SERVICES	**DATE OF PRESCRIPTION (mm/dd/yyyy)**
☐ Trastuzumab (H) [a b]	13. Date: _____
	14. Date: _____
	15. Date: _____
	16. Date: _____
	17. Date: _____
	18. Date: _____

SERVICES	DATE OF PRESCRIPTION (mm/dd/yyyy)
☐ 2D Echo [c]	Date conducted: _____
	☐ Granulocyte colony-stimulating factor (G-CSF)
	☐ Antiemetic, specify: _____
	☐ Antimicrobials, specify: _____
	☐ Pain relievers, specify: _____
	☐ Other medicines, specify: _____

[a] For Her2-positive breast cancer
[b] One tranche is equivalent to 6 cycles; maximum of 3 tranches of targeted therapy once in a lifetime
[c] Must be done every after 4th cycles of the targeted therapy

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