



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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 www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
 KALUSUGAN AT KALINGA PARA SA LAHAT

Case No. \_\_\_\_\_

**Annex "C1- Breast CA"**

**CHECKLIST OF MANDATORY AND OTHER SERVICES**

**Early Breast Cancer  
 Post-Surgery**

**Tranche 1**

HEALTH CARE PROVIDER (HCP)		
ADDRESS OF HCP		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	<input type="checkbox"/> Same as patient (Answer the following only if the patient is a dependent)	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Place a (✓) in the appropriate tick box.

MANDATORY SERVICE	Status
A. Procedure: (any one of the following): <input type="checkbox"/> Modified radical mastectomy <input type="checkbox"/> Total mastectomy with sentinel lymph node biopsy <input type="checkbox"/> Partial mastectomy of the breast/lumpectomy with axillary lymph node dissection <input type="checkbox"/> Partial mastectomy/lumpectomy of the breast with sentinel lymph node biopsy	Check laterality: <input type="checkbox"/> R breast <input type="checkbox"/> L breast <input type="checkbox"/> bilateral breast

MANDATORY SERVICES	OTHER SERVICES as needed/as indicated
B. Diagnostics: <input type="checkbox"/> Mammography for all female 40 years old and above  <b>For female, less than 40 years old (any of the following):</b> <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound of breast and axillary bed  <b>For male patients</b> <input type="checkbox"/> Ultrasound of both breasts and axillary bed <input type="checkbox"/> Histopathology <input type="checkbox"/> ER/HER*	



Revised as of November 2021

MANDATORY SERVICES	OTHER SERVICES as needed/as indicated
	<input type="checkbox"/> CBC with platelet count*
	<input type="checkbox"/> Chest X-ray PA <i>and lateral views</i> *
	<input type="checkbox"/> Alkaline phosphatase*
	<input type="checkbox"/> Ultrasound of whole abdomen*
	<input type="checkbox"/> ECG
	<input type="checkbox"/> Creatinine
	<input type="checkbox"/> PT/PTT
	<input type="checkbox"/> CP clearance
	<input type="checkbox"/> FBS
	Electrolytes*
	<input type="checkbox"/> Sodium
	<input type="checkbox"/> Potassium
	<input type="checkbox"/> Chloride
	<input type="checkbox"/> Calcium
	<input type="checkbox"/> Phosphate
	<input type="checkbox"/> Urinalysis*
	<input type="checkbox"/> 2D echo**
	<input type="checkbox"/> SGPT*
	<input type="checkbox"/> SGOT*
	<input type="checkbox"/> Complete list of medicines given: (may attach a separate sheet)

\*not required for cStage 0 DCIS

\*\*not required for HER negative breast cancer

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)

