



Republic 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 "A – Cervical CA"

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"/>
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"/>

Fulfilled selections criteria **Yes** If yes, proceed to pre-authorization application
 No If no, specify reason/s and encode

PRE-AUTHORIZATION CHECKLIST
Cervical Cancer

Place a check mark (✓)

QUALIFICATIONS	YES
1. Biopsy result	
2. No previous radiotherapy for cervical cancer	
3. No previous chemotherapy for cervical cancer	
4. Treatment plan	
5. No uncontrolled co-morbid conditions	

Place a check mark (✓)

FIGO Clinical Staging	YES	DATE DONE (mm/dd/yyyy)
Stages: (Choose only one)		
Stage IA1		
Stage IA2		
Stage IB1		
Stage IB2		
Stage IIA1		
Stage IIA2		
Stage IIB		
Stage IIIA		
Stage IIIB		

Certified correct by Attending Gynecologic-Oncologist:

Printed name and signature

PhilHealth Accreditation No. - -

Note: Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the parent or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.

There is no need to attach laboratory results. However, these should be included in the patient's chart and may be checked during field monitoring of the Z Benefits. Please do not leave any item blank.





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PRE-AUTHORIZATION REQUEST
Cervical Cancer

DATE OF REQUEST (mm/dd/yyyy):	
This is to request approval for provision of services under the Z benefit package for _____ in _____ (NAME OF PATIENT) (NAME OF HCI) under the terms and conditions as agreed for availment of the Z Benefit Package.	

The patient belongs to the following category (please tick appropriate box):	
Billing Category: (tick appropriate box) <input type="checkbox"/> No Balance Billing (NBB) <input type="checkbox"/> Co-pay (indicate amount) Php _____	Treatment modality: (tick appropriate box) <input type="checkbox"/> chemoradiation: chemotherapy, cobalt and brachytherapy (low dose) or primary surgery for stage IA1, IA2-IIA1 <input type="checkbox"/> chemoradiation: chemotherapy, linear accelerator and brachytherapy (low/high dose)

Certified correct by: _____ (Printed name and signature) Attending Gynecologic-Oncologist	Certified correct by: _____ (Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. _____	PhilHealth Accreditation No. _____

Conforme by: _____ (Printed name and signature) Patient
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 (For PhilHealth Use Only)

- APPROVED
 DISAPPROVED (State reason/s) _____

 (Printed name and signature)
 Head, Benefits Administration Section (BAS)

INITIAL APPLICATION			COMPLIANCE TO REQUIREMENTS		
Activity	Initial	Date			
Received by LHIO/BAS:			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (State reason/s)		
Endorsed to BAS (if received by LHIO):					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Activity	Initial	Date
Released to HCI:			Received by BAS:		
This pre-authorization is valid for sixty (60) calendar days from date of approval of request.			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
			Released to HCI:		