### CHECKLIST OF REQUIREMENTS FOR REIMBURSEMENT

**Chemoradiation with Cobalt and Brachytherapy (Low Dose) for Cervical Cancer**

**Requirements** | **Please Check**
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1. Transmittal Form (Annex H) | ✔
2. Checklist of Requirements for Reimbursement (Annex E1.2-Cervical CA) | ✔
4. Photocopy of completely accomplished ME FORM (Annex B) | ✔
5. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2 | ✔
6. Checklist of Mandatory and Other Services (Annex C1.2-Cervical CA) | ✔
7. Photocopy completed Z Satisfaction Questionnaire (Annex D) | ✔
8. Medical Certificate of Out-Patient Follow up Consultation (within 2 weeks post-procedure) with written request for out-patient pap smear 3 months post-procedure | ✔

**DATE COMPLETED**:  
**DATE FILED**:  

**Certified correct by:**  
(Printed name and signature)  
Gynecologic Oncologist  
PhilHealth Accreditation No. |  | –– | –
Date signed (mm/dd/yyyy)  

**Certified correct by:**  
(Printed name and signature)  
Radiation Oncologist  
PhilHealth Accreditation No. |  | –– | –
Date signed (mm/dd/yyyy)  

**Conforme by:**  
(Printed name and signature)  
Patient  
Date signed (mm/dd/yyyy)