



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 "E3.3 – Rectum 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"/> |

TRANCHE 3 REQUIREMENTS CHECKLIST
Rectum cancer pre-treatment clinical stage II – II

| Tranche 3 of 3 | Please Check |
|---|---------------------|
| 1. Transmittal Form (Annex H) | |
| 2. Tranche Requirements Checklist (Annex E3.3-Rectum CA) | |
| 3. Completed PhilHealth Claim Form 2 | |
| 4. Checklist of Mandatory and Other Services (Annex C3.3-Rectum CA) | |
| 5. Photocopy of completed Z Satisfaction Questionnaire (Annex D) | |
| 6. Photocopy of Chemotherapy Treatment Summary Form | |
| DATE COMPLETED : | |
| DATE FILED : | |

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