



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Case No. _____

Annex "C1.1- Colon CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Colon Cancer
Post-Surgery, Stage I-II (Low Risk)
Single Tranche

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 (<i>if patient is a dependent</i>) (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"/>

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Histopathology	
3. Surgery (definitive)	
4. Surgery for closure of colostomy/ileostomy, if needed	
Diagnostics:	
1. CT scan of whole abdomen (preferably, triple contrast)	
2. Fasting blood sugar (FBS)	
3. Carcinoembryonic antigen (CEA), as baseline	
4. Complete blood count	
5. Blood typing	
6. Albumin	
7. Creatinine	
8. Chest x-ray (PA-L)	
9. Chest CT, as needed	
10. ECG, as needed	
11. CP clearance, as needed	
12. SGPT, as needed	

MANDATORY AND OTHER SERVICES	Status
13. Prothrombin time, as needed	
14. Alkaline phosphatase, as needed	
15. CEA for monitoring, as needed	
16. SGPT for monitoring, as needed	
17. Creatinine for monitoring, as needed	
18. 2D echocardiogram, as needed	
Medicines, as indicated	
1. Antibiotics, specify	
2. Pain relievers, specify	
Others	
Blood support, as needed	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
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"/>	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"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

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