

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 "C1.2- Colon CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES **Colon Cancer** Post-Surgery Stage II (High Risk)-III

Tranche 1 of 2

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER

Place a (\checkmark) 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:	
5. CT scan of whole abdomen (preferably, triple contrast)	
6. Fasting blood sugar (FBS)	
7. Carcinoembryonic antigen (CEA), as baseline	
8. Complete blood count	
9. Blood typing	
10. Albumin	
11. Creatinine	
12. Chest x-ray (PA-L)	
13. Chest CT, as needed	
14. ECG, as needed	
15. CP clearance, as needed	
16. SGPT, as needed	

As of September 2015

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MANDATORY AND OTHER SERVICES	Status
17. Prothrombin time, as needed	
18. Alkaline phosphatase, as needed	
19. Bilirubin, as needed	
20. CEA for monitoring, as needed	
21. SGPT for monitoring, as needed	
22. Creatinine for monitoring, as needed	
23. 2Dechocardiogram, as needed	
Medicines	
A. Antibiotics, specify (as indicated)	
B. Pain relievers, specify (as indicated)	
Others: Blood support, as needed	

Certified correct by:	Certified correct by:
(Printed name and signature)	(Printed name and signature)
Attending Surgeon	Attending Medical Oncologist
PhilHealth	PhilHealth
Accreditation No.	Accreditation No.
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

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

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