

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. _

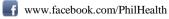
Annex A - "Colon CA"

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				
Fulfilled selections criteria Yes If yes, proceed to pre-authorization application If no, HCI to specify reason/s and encode				
PRE-AUTHORIZATION CHECKLIST Colon Cancer Stages I to III (clinically T1-4, N0-2, M0) Place a check mark (✓)				
	ck mark (✔)			
	ck mark (✓) Yes			
Place a chec	\ /			
QUALIFICATIONS Place a chec	\ /			
Place a chec QUALIFICATIONS Colon cancer stages I to III (clinically T1-4, N0-2, M0) No evidence of systemic metastasis from chest x-ray and abdominal ultrasound or	\ /			
QUALIFICATIONS Colon cancer stages I to III (clinically T1-4, N0-2, M0) No evidence of systemic metastasis from chest x-ray and abdominal ultrasound or CT scan of whole abdomen	\ /			
Place a chec QUALIFICATIONS Colon cancer stages I to III (clinically T1-4, N0-2, M0) No evidence of systemic metastasis from chest x-ray and abdominal ultrasound or CT scan of whole abdomen SITE OF CANCER (check applicable site) □ cecum □ ascending colon □ hepatic flexure □ transverse colon □ splenic flexure □ descending colon □ sigmoid	\ /			

As of September 2015









OTHER QUALIFICATIONS	Yes
Normal or with mild systemic disease (ASA I or II)	
2. Fully active, able to carry on all pre-disease performance without restriction, OR restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work, OR ambulatory and capable of all self-care (ECOG Performances 0-2)	

Certified correct by Attending Surgeon:	Certified correct by Attending Medical Oncologist:	Conforme by Patient:
Printed name and signature	Printed name and signature	Printed name and
PhilHealth Accreditation No.	PhilHealth Accreditation No.	signature

Note:

Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the patient, 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 the field monitoring of the Z Benefits. Please do not leave any item blank.







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PRE-AUTHORIZATION REQUEST Colon Cancer

DATE OF REQUEST (mm/dd/yyyy):					
This is to request approval for provision of services under the Z benefit package for					
(NAME OF PATIENT)	(NAME OF HCI)				
under the terms and conditions as agreed for avai					
The patient belongs to the following category (ple	paga tiak anamamiata hay).				
	ease tick appropriate box):				
□ No Balance Billing (NBB)□ Co-pay (indicate amount) Php					
Co-pay (indicate amount) 1 np					
Certified correct by:	Certified correct by:				
(Printed name and signature)	(Printed name and s	,			
Attending Surgeon	Attending Medical C	Attending Medical Oncologist			
PhilHealth Accreditation No.	PhilHealth Accreditation No.				
Conforme by:	Certified correct by:				
(Printed name and signature)		(Printed name and signature)			
Patient	Executive Director/Chief of Hospital/				
7	Medical Director/ Medical PhilHealth	al Center (hief		
	Accreditation No.				
(For PhilHe	alth Use Only)				
□ APPROVED					
☐ DISAPPROVED (State reason/s)					
(D.:)					
(Printed name and signature) Head, Benefits Administration Section (BAS)					
Tread, Deficites Administration Section (BAS)					
INITIAL APPLICATION	COMPLIANCE TO REQ	UIREME	NTS		
Activity Initial Date	□ APPROVED		1110		
Received by LHIO/BAS:	☐ DISAPPROVED (State reaso	on/s)			
Endorsed to BAS (if received by					
LHIO): ☐ Approved ☐ 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.					

As of September 2015

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