

Annex E1.3: Colon Cancer Stage II (high risk) to III – After completion of Chemotherapy

Revised as of December 2022



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

TRANCHE REQUIREMENTS CHECKLIST Colon Cancer Stage II (High Risk) -III After completion of chemotherapy

	Please Check
1. Tranche Requirements Checklist (Annex E1.3-Colon CA)	
2. Photocopy of approved Pre –Authorization Checklist & Request (Annex A1-Colon CA)	
3. Photocopy of completely accomplished ME FORM (Annex B)	
4. Properly accomplished PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2	
5. Checklist of Mandatory and Other Services (Annex C1.3-Colon CA)	
6. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
7. Photocopy of the Multidisciplinary-interdisciplinary Team (MDT) Plan	
8. Original or certified true copy (CTC) of the Statement of Account (SOA)	
9. Photocopy of chemotherapy treatment summary form	
DATE COMPLETED (mm/dd/yyyy)	
DATE FILED (mm/dd/yyyy)	

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"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			