



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](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

Annex "C1.1- Rectum CA"

**CHECKLIST OF MANDATORY AND OTHER SERVICES**  
**Rectum Cancer Stage I (clinical and pathologic stage)**

**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"/>

Specify the following:

Clinical stage prior to initiation of treatment	cT:	N:	M:
Pathologic stage	pT:	N:	M:

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

MANDATORY AND OTHER SERVICES	Status
<b>Procedure:</b>	
1. Colonoscopy	
2. Proctoscopy	
3. Histopathology	
4. Surgery (definitive)	
5. Surgery for closure of colostomy/ileostomy, if needed	
<b>Diagnostics:</b>	
6. Pelvic MRI or Endorectal Ultrasound	
7. CT scan of whole abdomen (preferably, triple contrast)	
8. Fasting blood sugar (FBS)	
9. Carcinoembryonic antigen (CEA), as baseline	
10. Complete blood count	
11. Blood typing	
12. Albumin	
13. Creatinine	

