

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 "C1.3- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES Rectum cancer pre-treatment clinical stage II - III

Tranche 1 of 3

HEALTH CARE INSTITUTION (HCI)			
ADDRESS OF HCI			
PATIENT (Last name, First name, Middle name, Suffix)			
PATTENT (Last hame, First hame, Middle hame, Suffix)			
PHILHEALTH ID NUMBER OF PATIENT			
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)			
PHILHEALTH ID NUMBER OF MEMBER			
Specify the following:Clinical stage prior to initiation of treatmentcT:N:	M:		
Children stage phot to initiation of iteathent c1. 11.	111.		
Place a (\checkmark) if DONE or NA if not applicable in the status column.			
MANDATORY AND OTHER SERVICES	Status		
Procedure:			
1. Colonoscopy			
2. Proctoscopy			
3. Biopsy (after colonoscopy or proctoscopy)			
4. Radiation (preferably, linear accelerator)			
5. Surgery for diversion, if needed			
Diagnostics:			
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			

As of September 2015

MANDATORY AND OTHER SERVICES	Status
14. Chest x-ray (PA-L)	
15. Pelvic CT, as needed	
16. ECG, as needed	
17. Chest CT, as needed	
18. CP clearance, as needed	
19. SGPT, as needed	
20. Prothrombin time, as needed	
21. Alkaline phosphatase, as needed	
22. Bilirubin, as needed	
23. CEA for monitoring, as needed	
24. SGPT for monitoring, as needed	
25. Creatinine for monitoring, as needed	
26. 2DEchocardiogram, as needed	
Medicines, as indicated	
A. Any of the following protocols:	
1. Fluorouracil-Folinic acid (FU-FA)	
2. Capecitabine	111
B. Antiemetics, specify (as indicated)	1
C. Antibiotics, specify (as indicated)	1
D. Pain relievers, specify (as indicated)	
Radiotherapy Check 1:	
Type of Radiation □ standard (concurrent with chemotherapy) □ short course	
Type of Machine	
Weekly (for standard course) and daily (for short course) portal films or electronic portals	
Others: Blood support, as needed	

* Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.

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

As of September 2015

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



As of September 2015

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