Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

Case No. ________________

Annex "C2.2– Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Rectum cancer pre-operative clinical stage I with post-operative pathologic stage II - III
Tranche 2 of 3

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

MANDATORY AND OTHER SERVICES	Status
Medicines	
A. Any of the following protocols:	
1. Fluorouracil-Folinic acid (FU-FA)	
2. Capecitabine	
B. Antiemetics, specify (as indicated)	
C. Antibiotics, specify (as indicated)	
D. Pain relievers, specify (as indicated)	
Radiotherapy (concurrent with chemotherapy) Standard course, choose 1: ☐ linear accelerator OR ☐ cobalt*	
Weekly 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) Attending Medical Oncologist	(Printed name and signature) Attending Radiation Oncologist
PhilHealth Accreditation No. ☐☐☐☐ – ☐☐☐☐☐☐☐☐ – ☐	PhilHealth Accreditation No. ☐☐☐☐ – ☐☐☐☐☐☐☐☐ – ☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

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