Annex I: Outcomes Report Form for Colon and Rectal Cancers

Revised as of December 2022

Republic of the Philippines
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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

OUTCOMES REPORT FORM
Colon and *Rectal* Cancers

Instructions in filling out this form:
PhilHealth shall require this form for renewal of contract.
The Z Benefits Coordinator of the contracted health *facility (HF)* shall facilitate completion of this form.
The contracted *HF* submits this form to the PhilHealth Regional Office within three months prior to end of the contract.
Non-submission of this form may be grounds for non-renewal of contract by PhilHealth.
Attach additional sheets when necessary.
This form may be reproduced.

HEALTH *FACILITY (HF)*		
ADDRESS OF *HF*		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐	
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 ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐	

Name of patient (Last name, first name, middle name)	Pathologic stage	Date of filing of claims of initial tranche (mm/dd/ yyyy)	Date of filing of claims of final tranche (mm/dd/ yyyy)	Status of Patient: 0- Alive; 1- Dead; 2- Lost to follow up; 3- Local recurrence of cancer; 4- Distant recurrence of cancer				
				Year 1	Year 2	Year 3	Year 4	Year 5

Certified correct by:

(Printed name and signature)
Executive Director/Chief of Hospital/
Medical Director/ Medical Center Chief

PhilHealth Accreditation No. ☐☐☐☐-☐☐☐☐☐☐-☐