



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
 Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



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

**Annex “C – Prostate CA”**

**CHECKLIST OF MANDATORY AND OTHER SERVICES**  
**Prostate Cancer, low to intermediate risk**

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"/> - <input type="text"/>
MEMBER (if patient is a dependent) (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"/> - <input type="text"/>

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

MANDATORY SERVICES	Status
A. Prostatic specific antigen (PSA)	
B. CP Clearance	
<input type="checkbox"/> radical prostatectomy <input type="checkbox"/> laparoscopic prostatectomy	
C. Chest x-ray, as needed	
D. Abdominal ultrasound, as needed	
1. Creatinine	
2. FBS	
3. CBC	
4. Electrolytes	
5. ECG	
6. Urinalysis	
1. Core needle biopsy	
2. Bone scan	
3. CT scan of pelvis and abdomen	
E. Medicines (as indicated) Specify: _____	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Patient/Parent/Guardian
PhilHealth Accreditation No. <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"/> - <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	