



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



Case No. _____

Annex A – “Prostate CA”

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <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"/>
B. MEMBER <i>(answer only if patient is a dependent)</i>	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number <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"/>

Fulfilled selections criteria **Yes** If yes, proceed to pre-authorization application
 No If no, specify reason/s and encode

PRE-AUTHORIZATION CHECKLIST
Prostate Cancer

Place a check mark (✓)

QUALIFICATIONS	YES
No previous radiotherapy for prostate cancer	
No uncontrolled co-morbid conditions	

Place a check mark (✓) and indicate the date when the diagnostic procedure is done

DIAGNOSTICS	YES	DATE DONE (mm/dd/yyyy)
(T1a-T3c) Tumor Grade (Gleason’s score of 6-9)		
<i>No evidence of metastasis (documented by any of the following):</i> <input type="checkbox"/> Bone scan <input type="checkbox"/> Pelvic CT/MRI <input type="checkbox"/> PET Scan <i>(Note: Attach results to the patient’s chart)</i>		

Conforme by Patient/Relative:

Certified correct by Attending Physician:

Printed name and signature

Printed name and signature

PhilHealth
Accreditation No.

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Note:
Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the parent or guardian and health care providers, as applicable. This form shall be submitted to the PhilHealth Regional Office (PRO) or the Local Health Insurance Office (LHIO) when filing the first tranche.
There is no need to attach laboratory results. However, these should be included in the patient’s chart and may be checked during the field monitoring of the Z Benefits. Please do not leave any item blank.



