



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 A – “Prostate CA”

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"/>

PRE-AUTHORIZATION CHECKLIST
Prostate Cancer, low to intermediate risk

<p>Fulfilled selections criteria <input type="checkbox"/> Yes If yes, proceed to pre-authorization application</p> <p> <input type="checkbox"/> No If no, specify reason/s and encode</p> <p align="center">_____</p>

ATTESTED BY ATTENDING PHYSICIAN

(Place a ✓ if YES or NA if not applicable)

QUALIFICATIONS	YES
No previous radiotherapy for prostate cancer	
No uncontrolled co-morbid conditions	
At least 40 years of age	

(Place a ✓ if YES)

DIAGNOSTICS	YES	DATE DONE (mm/dd/yyyy)
Stage: Choose only one (1) stage		
(T1a-T2c), PSA level 10 to 20 ng/ml, Tumor Grade (Gleason’s score of 2-7)		
Low risk: T1-T2a and Gleason score 2-6, and PSA <10 ng/ml		
Intermediate risk: T2b to T2c, Gleason score of 7, and PSA 10-20 g/ml		
Localized prostate cancer		
Stage IIB T2N1M0 or T3N0M0		
Stage IIIA T0, T1, T2N2M0 or T3N1N2M0		

Conforme by Patient/Relative:

Certified correct by Attending Physician:

Printed name and signature

Printed name and signature

PhilHealth
Accreditation No.

- -

Note:

Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the patient or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) 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.





PRE-AUTHORIZATION REQUEST
Prostate Cancer, low to intermediate risk

DATE OF REQUEST (mm/dd/yyyy):
This is to request approval for provision of services under the Z benefit package for _____ in _____ (NAME OF PATIENT) (NAME OF HCI) under the terms and conditions as agreed for availment of the Z Benefit Package.

The patient belongs to the following category (please tick appropriate box):
<input type="checkbox"/> No Balance Billing (NBB) <input type="checkbox"/> Co-pay (indicate amount) Php _____

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Physician	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. - -	PhilHealth Accreditation No. - -

Conforme by:
(Printed name and signature) Patient/Relative

 (For PhilHealth Use Only)

- APPROVED
 DISAPPROVED (State reason/s) _____

 (Printed name and signature)
 Head, Benefits Administration Section (BAS)

INITIAL APPLICATION			COMPLIANCE TO REQUIREMENTS		
Activity	Initial	Date			
Received by LHIO/BAS:			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (State reason/s)		
Endorsed to BAS (if received by LHIO):					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Activity	Initial	Date
Released to HCI:			Received by BAS:		
This pre-authorization is valid for sixty (60) calendar days from date of approval of request.			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
			Released to HCI:		