

Annex E4.3: Rectal Cancer Pre-treatment Clinical Stage II to III: After last cycle of Chemotherapy

Revised as of December 2022



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
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

TRANCHE REQUIREMENTS CHECKLIST Rectal cancer pre-treatment clinical stage II - III After last cycle of chemotherapy

	Please Check
1. Tranche Requirements Checklist (Annex E4.3 – Rectal CA)	
1. Photocopy of approved Pre –Authorization Checklist & Request (Annex A2-Rectal CA)	
2. Photocopy of completely accomplished ME FORM (Annex B)	
2. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF2	
3. Checklist of Mandatory and Other Services (Annex C4.3- Rectal CA)	
4. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
5. Photocopy of the Multidisciplinary-interdisciplinary Team (MDT) Plan	
6. Original or certified true copy (CTC) of the Statement of Account (SOA)	
7. Photocopy of chemotherapy treatment summary form	
DATE COMPLETED (mm/dd/yyyy)	
DATE FILED (mm/dd/yyyy)	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Medical Oncologist	(Printed name and signature) Attending Radiation Oncologist
PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

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