ADVANCED MEDICAL ACCESS PHILIPPINES, INC.
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Barangay Poblacion, Makati City
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E info@amaphil.com.ph
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D 07/11/2023

Benefit Guide of Member

This is to properly inform your hospital that **REIVIEN CEFERIN IGARASHI ESTRELLADO** is an active member of Advanced Medical Access Philippines, Inc. (AMAPHIL) with the following details:

Date of Admission	2023-07-11 10:39:34
Name of Hospital	ST. FRANCES CABRINI MEDICAL CENTER
Member ID	8-000764-07231414
Corporate Name	HC&D-RIGHT CHOICE FINANCE CORP. 2023-2024
Gender	Female
Age	2
Transaction Reference	2307212118
In - Patient Benefit Limit	25,000.00 *Member Inner Limits:* • Room and Board: Private • Anes Fee: 0.00%
Incremental Charges	Not applied
PHIC	Required

AMAPHIL DISCLAIMER:

ABOVE MENTIONED AMOUNTS ARE NOT YET GUARANTEED by AMAPHIL. Final coverage of the member depend on the final diagnosis. If there is already an order of discharge, the provider must fax or email the FINAL and ITEMIZED SOA to 02-809-5370 or medofficers@amaphil.com.ph for computation of approved amount versus actual utilization. AMAPHIL will fax or email the LOA to the provider right after the computation.

PATIENT CONFORME:

Advanced Medical Access Philippines, Inc. (AMAPHIL) is authorized and allowed to access and gather my health and clinic/hospital data and records to process the admission, verification of coverability, discharge and payment to the provider. AMAPHIL rest assured the safeguarding of the given information and abiding the Data Privacy Act of 2012.

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PATIENT SIGNATURE OVER PRINTED NAME