

**ADVANCED MEDICAL ACCESS PHILIPPINES, INC.**

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**D** 09/26/2024

## Benefit Guide of Member

This is to properly inform your hospital that **ZOFIA REIN C. JARABELO** is an active member of Advanced Medical Access Philippines, Inc. (AMAPHIL) with the following details:

|                            |  |
|----------------------------|--|
| Date of Admission          | 2024-09-26 09:35:05  |
| Name of Hospital           | CALAMBA MEDICAL CENTER, INC.   |
| Member ID                  | 8-000870-08233525454   |
| Corporate Name             | LIBERTY INSURANCE-ASIAN TRANSMISSION CORPORATION   |
| Gender                     | Female   |
| Age                        | 12   |
| Transaction Reference      | 2409679972   |
| In - Patient Benefit Limit | 30,000.00<br><i>Member Inner Limits:</i> <ul style="list-style-type: none"><li>• Room and Board:</li><li>• Anes Fee: 0.00%</li></ul> |
| 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](mailto: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