

ADVANCED MEDICAL ACCESS PHILIPPINES, INC.

820 JP Rizal Street Barangay Poblacion, Makati City **T** (02) 8241-7679 | (02) 8355-7500 **E** info@amaphil.com.ph **W** www.amaphil.com.ph **D** 11/28/2024

Benefit Guide of Member

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

Date of Admission	2024-11-28 19:14:12		
Name of Hospital	DIVINE MERCY HOSPITAL - LAGUNA		
Member ID	8-000948-12231062210		
Corporate Name	HC&D-LYCEUM OF ALABANG 2023-2024		
Gender	Male		
Age	31		
Transaction Reference	2411775751		
In - Patient Benefit Limit	25,000.00 Member Inner Limits: Room and Board: Ward 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.

PATIENT	SIGNATURE	OVER	PRINTED	NAME