

**ADVANCED MEDICAL ACCESS PHILIPPINES, INC.**

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D 01/02/2025

Benefit Guide of Member

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

Date of Admission	2025-01-02 01:59:09
Name of Hospital	SKYLINE HOSPITAL AND MEDICAL CENTER
Member ID	8-001068-0724441147
Corporate Name	FIRST LIFE - San Jose Del Monte City Water District Employees Provident Fund Program Credit Cooperat
Gender	Female
Age	55
Transaction Reference	2501824765
In - Patient Benefit Limit	25,000.00 <i>Member Inner Limits:</i> <ul style="list-style-type: none">• 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.

PATIENT SIGNATURE OVER PRINTED NAME