

**ADVANCED MEDICAL ACCESS PHILIPPINES, INC.**

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**D** 01/15/2025

## Benefit Guide of Member

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

Date of Admission	2025-01-15 19:49:15
Name of Hospital	QUALIMED HOSPITAL - STA ROSA
Member ID	8-000870-08233309236
Corporate Name	LIBERTY INSURANCE-ASIAN TRANSMISSION CORPORATION
Gender	Male
Age	16
Transaction Reference	2501842298
In - Patient Benefit Limit	30,000.00 <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](tel: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