

**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 02/19/2025

Benefit Guide of Member

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

| | |
|----------------------------|--|
| Date of Admission | 2025-02-19 12:24:02 |
| Name of Hospital | SACRED HEART MEDICAL CENTER - ANGELES PAMPANGA |
| Member ID | 8-001145-1024192522 |
| Corporate Name | LIBERTY INSURANCE - NATIONAL FOOD AUTHORITY MULTI-PURPOSE COOPERATIVE |
| Gender | Female |
| Age | 44 |
| Transaction Reference | 2502893544 |
| In - Patient Benefit Limit | 50,000.00 <i>Member Inner Limits:</i> <ul style="list-style-type: none">• Room and Board:• 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