

**ADVANCED MEDICAL ACCESS PHILIPPINES, INC.**

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D 04/30/2025

Benefit Guide of Member

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

Date of Admission	2025-04-30 16:25:33
Name of Hospital	MARIKINA VALLEY MEDICAL CENTER
Member ID	8-001255-03253079111
Corporate Name	LAWINA- OWWA
Gender	Female
Age	39
Transaction Reference	25041091088
In - Patient Benefit Limit	12,500.00 <i>Member Inner Limits:</i> • Room and Board: Ward • Doctor's Fee: 0.00 • 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](tel: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