ADVANCED MEDICAL ACCESS PHILIPPINES, INC.
820 JP Rizal Street
Barangay Poblacion, Makati City
T (02) 809-5360 | (02) 809-5370
E info@amaphil.com.ph
W www.amaphil.com.ph
D 04/02/2019

Benefit Guide of Member

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

Date of Admission	2019-04-02 13:14:38
Name of Hospital	MEDICAL CENTER MANILA (MANILA MEDICAL SERVICES, INC.)
Member ID	8-000051-021927929
Corporate Name	RAYOMAR_ORIENTAL MERCHANTS INC.
Gender	Male
Age	3
Transaction Reference	1904008029
In - Patient Benefit Limit	30,000.00 *Member Inner Limits:* • Room and Board: Semi-Private • Anes Fee: 25.00%
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 billing@amaphil.com.ph/customercare@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