

A Subsidiary of The Insular Life Assurance Company, Ltd.

Insular Health Care Inc.

No. 167 Dela Rosa corner Legaspi Streets
Legaspi Village, Makati City 1229
Metro Manila, Philippines
Tel. No. (02) 813-01-31, 8404 (office hours)
(02) 817-78-57, 8404 (after office hours)
http://www.insularhealthcare.com.ph

ENDORSEMENT FOR ANNUAL PHYSICAL EXAMINATION

| Hosp./Clinic Name Address Telephone No | Tagum Doctors Hospital, Inc. Hi-Way 54, Tagum, Davao Del Norte (084)6556747/6559297 | | Control No. Date Valid Until | 022334931 02/07/2023 03/31/2023 |
|---|---|---------------------------|------------------------------------|---------------------------------------|
| Company | Virtual Done Well Davao, Inc. | | | |
| Member ID | Member Name | | Age/Gender | Birthdate |
| 00686175 | DAYON, TEJANE JAY SABION | | 24 / M | 08/18/1998 |
| APE PACKAGE: | | OTHERS: | | |
| Physical Examination Chest X-ray CBC Routine Urinalysis | | APE is limited to Basic 5 | 5 Only. | |
| Stool Exam | | | | |
| Remarks | Please call the Clinic/Facility to confirm schedule Medical results for pick-up "PPE, Medcert, Holiday Surcharge if any, is not covered" | | | |
| Note to Clinic/Hospital: | Please see attach copy of this endorsement to your billing statement. Only those members endorsed and those medical test mentioned above shall be valid for payment. Kindly forward to Insular Health Care, Inc. within 60 days from date of availment. | | | |

Prepared by:

Jnvergonio

Kalingang Insular Health Care