

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline: 441-7444 Website: www.philhealth.gov.ph

STATEMENT OF PREMIUM ACCOUNT (SPA) - FORMAL SECTOR

Date generated: May 07, 2019

PEN: 012010001094 Employer Type : PRIVATE

Business/Agency Name: **GREAT WALL MARKETING II - VICTORINA T SIA**

Group Name:

CURRENT CHARGES:

Applicable Month: April 2019

No. of Employees:

Amount of Premium:

275.00 Employee Share: Employer Share: 275.00

Premium Due for the Current Applicable Period

SPA100017568665

EMPLOYER'S COPY



TOTAL AMOUNT DUE

550.00

Due Date: Please Pay Immediately

Amount

IMPORTANT REMINDER

Per available records, it appears that your account has deficiencies as follows:

Reference	Deficiency	Applicable Month/s
Trainer arrec	No SPA generated	Aug 2016
		· ·
	No SPA generated	Sep 2016
	No SPA generated	Oct 2016
	No SPA generated	Nov 2016
	No SPA generated	Dec 2016
	No SPA generated	Jan 2017
	No SPA generated	Feb 2017
	No SPA generated	Mar 2017
	No SPA generated	Apr 2017
	No SPA generated	May 2017
	No SPA generated	Jun 2017
	No SPA generated	Jul 2017
	No SPA generated	Aug 2017
	No SPA generated	Sep 2017
	No SPA generated	Oct 2017
	No SPA generated	Nov 2017
	No SPA generated	Dec 2017
	No SPA generated	Jan 2018

Please settle the above deficiencies immediately as indicated. All reports must be posted within five (5) days after payment. For assistance, coordinate with the PAIMS assigned to your account or visit the nearest PhilHealth Office. Thank you.

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ACA'S COPY



550.00

Please Pay Immediately

Due Date:

TOTAL AMOUNT DUE