



Biñan
Doctors'
Hospital

Platero, City of Biñan, Laguna

Tel. Nos.: (049) 511-9159; (049) 411-0070; (02) 520-8296

PHILHEALTH ACCREDITED HEALTH CARE PROVIDER

PROMISSORY NOTE

840655

P 92.871.00

PN#

DATE Feb. 8, 2025

I, Perez, Jaleel, a Filipino Citizen, a resident of Captain Porlas St. Poo City of Sta. Rosa, single/married/widowed do hereby promise to pay to the order of Biñan Doctors' Hospital, Inc., all the hospital, medical and/or surgical expenses of incurred by Mr./Mrs./Ms. 92.871.00 in the amount of 92.871.00 (Php 92.871.00) within 90 (_____) days from the date of the above instrument. February 28, 2025

I also expressly agree to surrender unto the Biñan Doctors' Hospital my _____ as collateral for the said amount, such collateral to be redeemed by me no later than NINETY (90) days from the maturity of this instrument. My failure to redeem the said collateral from the Biñan Doctors' Hospital gives the latter the right to dispose of the same to satisfy such portion of my indebtedness as the proceeds may yield.

In case of non-payment of this note on the day of maturity or on demand, I also promise to pay the total amount stated above, plus interest of 12% per annum until the same has been fully paid and attorney's fee. This is exclusive of any other costs, fees and damages as may be allowed by the court.

In case of this note must be referred to court for litigation. I also voluntary and completely submit to the jurisdiction of the proper courts of Biñan, Laguna.

IN WITNESS WHEREOF, I have hereunto set my hand this 8th day of the month February, 2025, at the Biñan, Laguna, Philippines.

**BIÑAN DOCTORS'
HOSPITAL INC.**

VIER PEREZ
(Signature of Maker)

CO-MAKERS CLAUSE

I, Atia Kanyreeta H. Calagui, of legal age, Filipino Citizen and a resident of _____, do hereby agree to be Jointly and Severally liable with the maker of this promissory note to any and all such terms, of conditions of this instrument.

(Signature of Co-Maker)

Signed in the presence of: