

## LOA form

### Medical Provider's copy

#### REQUIRED BY:

☒ NB ☐ ASM ☐ Claims ☐ Others

#### BRANCH

BRILLIANT IMPERIAL GREEN QUARTZ

# PRU LIFE U.K.

#### PRU LIFE INSURANCE CORPORATION OF U.K.

9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio,

1634 Taguig City, Philippines

Customer helpdesk: (632) 683 9000, (632) 884 8484, (632) 887 LIFE

within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Email: contact.us@prulifeuk.com.ph • Website: www.prulifeuk.com.ph

### PLEASE ATTACH TO STATEMENT OF ACCOUNT

APPLICATION NO. / POLICY NO.

CLINIC

AGENT CODE

DATE

CLIENT (Surname, given name, middle name)

AGE

GENDER

☐ Male ☐ Female

We are referring to you the subject's application for the examination/s checked below: (Please attach copy of valid ID presented.)

☐ FME ☐ MUR ☐ Chest x-ray ☐ Electrocardiogram ☐ Treadmill ☐ Others: \_\_\_\_\_

☐ Blood exam (BEX)

☐ Simplified Blood Exam (HIV, GGTP, SGPT)

☐ HIV

☐ GGTP

☐ HBSAg

☐ Total Cholesterol

☐ Uric Acid

☐ HDL

☐ FBS

☐ SGPT/ALT

☐ Creatinine

☐ Triglycerides

☐ CBC

Scanned medical results must be emailed to [phimedicalservices@prulifeuk.com.ph](mailto:phimedicalservices@prulifeuk.com.ph). Original medical results must be forwarded to Pru Life UK Medical Services at 6/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, Taguig, Metro Manila.

☒ Signature over printed name of  
CUSTOMER SERVICE ASSOCIATE

DATE COMPLETED (mm/dd/yyyy)

REMARKS: ☐ 2nd MUR ☐ Needs fasting

☐ Repeat test ☐ Others: \_\_\_\_\_

☒ Signature over printed name of  
MD/CLINIC REPRESENTATIVE

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