

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
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CLIENT (Surname, given name, middle name)		AGE	GENDER
<input type="text"/>		<input type="text"/>	<input type="text"/> Male <input type="text"/> 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. 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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