



Referral Control Sheet for Out-Patient Consultation (RCS 1)

Loa No.: B2408D0004218
VALID UNTIL: 08/05/2024

Name of Patient: STEVE KALEB G. GO		ApCode: B2408D0004218	RCS Date: 08/02/2024 12:00:00 AM
Card Number: 1195-4600-0738-1647 Account Number: 80-00-08984-01890-03 Company: WESERV SYSTEMS INTERNATIONAL, INC. Validity: 06/01/2024 TO 05/31/2025		ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - CEBU Hospital/Clinic: INC. Birth Date: 12/12/2013 Sex: M	
Inclusion: Exclusion: HEALTHWAY		PEC Limit: 220,000 Max Limit: 220,000 Room and Board: REGULAR PRIVATE	
Coordinator: _____			
Diagnosis:	Recommendation:	RCS Remarks:	
STEVE KALEB G. GO Parent/Member Printed Name and Signature		BRIONES, RENIEROSE AGUJETAS Requesting Physician/Coordinator's Name and Signature	

Kindly note that if you decide not to sign this document, INTELICARE will not be able to process your requested transaction.

DATA PRIVACY CONSENT & WAIVER

I, the undersigned, have read the foregoing statement and hereby express my consent to the above. I further understand (a) the reasons for the collection, processing, and disclosure of my Information and the ways in which said Information may be used, and I agree to said usage and disclosure; and that (b) it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my assessment. I also acknowledge that the Company has and will always take commercially reasonable steps to protect and maintain the confidential nature of my personal information in accordance with its applicable privacy policies. I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my information, and be indemnified in case of damages pursuant to the provisions of Philippine Data Privacy Law, other applicable laws, rules and regulations.

OTHER UNDERTAKINGS

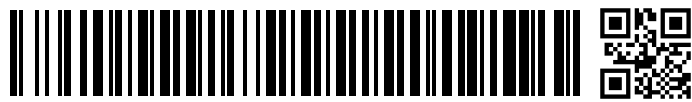
I, likewise, acknowledge that all of the procedures indicated in this document had been done. I promise to pay for any procedure and professional fees not explicitly covered by the provisions of the Health Service /Group Corporate Agreement. Furthermore, by virtue of this undertaking, I hereby render the Company free from any liability on the collection of the acquired non-coverable charges (i.e. excess in limits, exclusions, etc.). I fully understand that in instances wherein payables were not settled upon availment, I will be subjected to credit documentation and will be charged of administrative fees as applicable.

STEVE KALEB G. GO _____ Name and Signature of Member	08/02/2024 11:18:05 AM _____ Date
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ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - CEBU INC. / BRIONES, RENIEROSE AGUJETAS

Name of Hospital / Doctor

Confidentiality Notice: Intellicare will not disclose any information obtained in the conduct of the evaluation except as otherwise provided herein, subject to the provisions of the Data Privacy Act. Further, Intellicare guarantees that information that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.



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