



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

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

Name of Patient : \$1	EVE KALEB G. GO	ApCode:	B2408D00042	218	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 R	emarks:	
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	u decide not to sign this document, INTEL	LICARE will	not be able to pr	rocess y	our requested	I transaction.
	DATA PRIVACY C	ON SENT & V	VAIVER			
disclosure of my Information and the wa information I provide and that withholding will always take commercially reasonable policies. I hereby affirm my right to be in	ng statement and hereby express my conse ys in which said Information may be used g or falsifying information might act again a steps to protect and maintain the confid formed, object to processing, access and r ata Privacy Law, other applicable laws, rule	I, and I agre st the best in dential natur ectify, suspe	ee to said usage of the same of my asserted of my personal and or withdraw m	and disc essment. I informa	closure; and th . I also acknow ation in accord	nat (b) it is my choice as to who ledge that the Company has and dance with its applicable priva-
	OTHER UND	ERTAKING	S			
covered by the provisions of the Health liability on the collection of the acquired	rocedures indicated in this document had Service /Group Corporate Agreement. Fur d non-coverable charges (i.e. excess in lin d to credit documentation and will be char	thermore, by nits, exclusio	virtue of this un ons, etc.). I fully u	dertakin Inderstar	g, I hereby rer nd that in insta	nder the Company free from ar
STEVE KA	ALEB G. GO		_	08/02/2	2024 11:18:05	AM
Name and Sign	sature of Member				Date	
ALLIED	CARE EXPERTS (ACE) MEDICAL CENTER	R - CEBU IN	C. / BRIONES, RE	NIEROS	SE AGUJETAS	
-	Name of Ho	spital / Docto	or			

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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STEVE KALEB G. GO		BRIONES, RENIEROSE AGUJETAS				
Parent/Member Printe	ed Name and Signature	Requesting Physician/Coordinator's Name and Signature				
Kindly note that if you decide not to sign this document, INTELLICARE 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	08/02/2024 11:18:05 AM
Name and Signature of Member	Date
ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - CEBU INC. / BRIO	NES, RENIEROSE AGUJETAS
Name of Hamilal / Dantas	

Name of Hospital / Doctor

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