
 <b>Philippine Health Insurance Corporation</b> <b>PHILHEALTH AGENTS RECEIPT (PAR)</b>		<b>PAYOR'S COPY</b>	
		<b>PAR NUMBER</b>	<b>318243348</b>
<b>NAME</b>	<b>NAME RECEIVED</b>	<b>DATE</b>	<b>AGENTS SIGNATURE</b>
NAME	NAME RECEIVED	DATE	AGENTS SIGNATURE
THREE HUNDRED EIGHTY FIVE PESOS			
<b>VALIDATION BOX</b>			
P/N 01-06-000103-0			
NAME HAYLAP POLYMERIC X RAY			
MEMBER TYPE PRIVATE			
APPLICABLE PERIOD APRIL 2018			
AMOUNT P 385.00			
VALIDATION DATE			
PAR NUMBER SPAN 001001001004			
			
posted 5/10/18			
Bawat Pilipino, Miyembro Bawat Miyembro, Protektado Kalusugan Natin, Segurado			

SPA No. : SPA100013301094  
Applicable Period : 04-2018  
Document Control Number : 013010001990315243348  
Date/Time Generated : 05/09/2018 13:41:21  
Date Received : 05/09/2018 13:41:15  
Report Type : Regular

**EMPLOYER'S REMITTANCE REPORT**

PhilHealth Number : 013010001990  
Employer Name : HAVILAH POLYMEDIC X RAY  
Employer Address : SOGOD SOUTHERN LEYTE  
Employer TIN : 917374666  
Employer Type : Private

No.	PhilHealth No.	Surname	Given Name	Middle Name	PS	ES	Status   Remarks
1	120515045045	OCARIS	KRISALYN	ALFARO	192.50	152.50	A
Subtotal					192.50	192.50	
GRAND TOTAL					385.00	385.00	

Remitted Amount : 385.00  
POR No. : 316243148  
Transaction Date : 05/08/2018  
No. of Employees : 1  
Status Report : Received  
Data Posted : null

This is an EPRS generated Employer Remittance Report. Certification of employer is not required.