

The Philippine Health Insurance Corporation
Mandaue Branch

May 21, 2024

Subject: Authorization Letter

To Whom It May Concern,

I, **Anton Jay Labrador Hermo**, hereby authorize Ms. Michelle B. Soriano to act on my behalf in all matters related to Philhealth. This authorization includes, but is not limited to, processing and signing any documents required by Philhealth.

Ms. Michelle Soriano is a trusted individual and I have provided her with all necessary personal information and documentation required to fulfill these tasks. I have confidence in her ability to represent me accurately and responsibly.

Please find attached a copy of my valid ID for verification purposes.

Thank you for your understanding and cooperation in this matter.

Sincerely,



Anton Jay Labrador Hermo

Philhealth Number:08-026333883-2