

Dear \_\_\_\_\_,

May we respectfully refer to your good office the following indigent patients with cases classified under the Medical Assistance Program to be charged to the Medical Assistance for Indigent Patients(MAP) of **GOV. JOSE ENRIQUE S. GARCIA III, CONG. ALBERT S. GARCIA (DISTRICT II), CONG. MARIA ANGELA S. GARCIA (DISTRICT III) and CONG. JERNIE JETT V. NISAY (PUSONG PINOY PARTYLIST)**, to wit:

PATIENT'S NAME					
ADDRESS					
MOBILE NUMBER		DATE OF BIRTH		AGE	
PATIENT'S REPRESENTATIVE			RELEATION TO PATIENT		
			CONTACT NO.		
LESS:					
PHILHEATH		PCSO		DSWD REGION	
MUNICIPALITY		DISCOUNTS (Senior Citizen, PWD)		HMD (Insurance)	
PATIENTS'S DEPOSIT		PSWDO		Others:	
TYPE OF ASSISTANCE			DIAGNOSIS		
HOSPITAL BILL		PF		TOTAL BILLING	
REMAINING HB:		REMAINING PF:		TOTAL REMAINING BILLING	
GRANTER AMOUNT					

Thank you very much for your usual support and cooperation in providing excellent public service towards a better quality of life for all.

Very truly yours,