



# Alturas Healthcare

## LETTER OF AUTHORIZATION

LOA Number : LOA-20230000001

Approved On : May 12, 2023

Healthcare Provider: Ramiro Hospital



We wish to authorize the following health care services for the account of Alturas Healthcare for our member, **Dhalia Decendario Maboloc** with Healthcard No. **ACN-1000043087**. This authorization letter is valid until **May 19, 2023** only.

### DIAGNOSTIC TEST

> CBC, URINALYSIS PANEL

### CHIEF COMPLAINT

> sample

### **i** PATIENT DETAILS

Name: Dhalia Decendario Maboloc

Age: 37 years old

Date of Birth: January 15, 1986

Home Address: San Pascual, Ubay, Bohol

City Address:

Contact No.: +639381594735

Philhealth No.:

Patient No.: 1000043087

### **i** CONTACT PERSON DETAILS

Name: Ofelia Decendario Maboloc

Address: San Pascual, Ubay, Bohol

Contact No.: +639972201452,

### **i** PATIENT MBL DETAILS

Maximum Benefit Limit: ₱27,500

Used MBL: ₱27,500

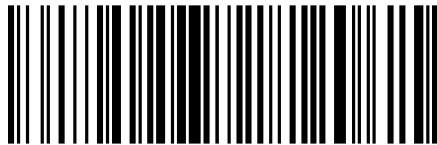
Remaining MBL: ₱0

Requesting Physician:

> Dr. Michael D. Uy

Attending Physician:

>



  
Approved By : Dr. Michael D. Uy  
Company Physician

LETTER OF AUTHORIZATION (LOA) • A Letter of Authority (LOA) is required for out-patient requests to avail of the Alturas Healthcare program. The request should be submitted through the Alturas healthcare system portal and must be approved by the company physician. • Once approved, the eligible employee can present the approved computer-generated LOA to the healthcare provider to avail of their services. • When filling out a LOA, the eligible employee is only allowed to request up to their Maximum Benefit Limit (MBL). • If the amount requested in the LOA exceeds the MBL, it will not be approved. • The percentage of work-related expenses versus non-work-related expenses will be applied when the head office charges the healthcare expenses to its business unit.