

July 26, 2023

**JONE SIEGFRED L. SEPE**  
**CEO/PRESIDENT**  
**RAMIRO COMMUNITY HOSPITAL**  
0139 Gallares Street, Poblacion II,  
Tagbilaran City, Bohol, 0139



Corporate Center, North Wing  
Island City Mall Dampas Dist  
Tagbilaran City, Bohol, 6300  
Tel. no. 501-3000 local 1319

**RE: Guarantee Letter for Payment Covered by Alturas Healthcare;**

Dear DR. SEPE;

We are writing to confirm that **JOEL NARAISSO POTANE**, a valued member of the Alturas Healthcare Program, has received medical services and treatments from your esteemed healthcare facility. We would like to assure you that we will cover applicable expenses incurred by our member during their visit, as outlined in our agreement with your organization.

**Patient Details:**

Patient Name: Joel Naraiso Potane  
Date of Birth: 1990-11-05  
Alturas Healthcare Program ID: ACN-01000012527  
NOA No: NOA-20230000087



Therefore, in accordance with the terms and conditions of our agreement, Alturas Healthcare will be using this letter to guarantee payment of the bill amounting **(PHP 314,700.62)** to be charged to the company and **(PHP 209,800.41)** as a cash advance payment, with the total amount of **FIVE HUNDRED TWENTY FOUR THOUSAND FIVE HUNDRED ONE AND THREE CENTS (PHP 524,501.03)** only. We kindly request that you submit all relevant bills and supporting documentation for the services rendered to **Joel Naraiso Potane** directly to our designated billing department.

We appreciate your collaboration and dedication to providing exceptional healthcare services to our members. Your continued partnership with the Alturas Healthcare Program is instrumental in fulfilling our mission of delivering comprehensive and accessible healthcare to our beneficiaries.

Thank you for your attention to this matter, and we look forward to a continued successful relationship.

Yours sincerely,

  
**DR. MICHAEL D. UY**  
Company Physician

