



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

July 13, 2023

JONE SIEGFRED L. SEPE

CEO/PRESIDENT

0139 Gallares Street, Poblacion II,
Tagbilaran City, Bohol, 0139

RE: Guarantee Letter for Payment Covered by Alturas Healthcare;

Dear DR. SEPE;

We are writing to confirm that **CYRIL ADRIAN BARBARONA MAWILI**, 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: Cyril Adrian Barbarona Mawili

Date of Birth: 1999-01-20

Alturas Healthcare Program ID: ACN-01000010194

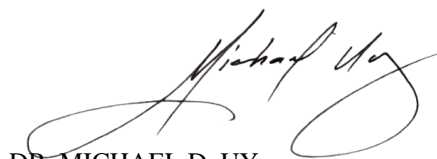
LOA/NOA: LOA-20230000169

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 **ONE THOUSAND SEVEN HUNDRED THIRTY EIGHT (PHP 1,738.00)** only. We kindly request that you submit all relevant bills and supporting documentation for the services rendered to Patient Name 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,

A handwritten signature in black ink, appearing to read "Michael Uy", with a large, stylized flourish at the end.

DR. MICHAEL D. UY

Company Physician