



LETTER OF AUTHORIZATION

LOA Number : LOA-20230000114

Approved On : May 29, 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 **June 05, 2023** only.

DIAGNOSTIC TEST

> ABG (ARTERIAL BLOOD GASES) STAT, AFB
STAINING

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.:
Employee Physical ID 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: ₱0
Remaining MBL: ₱27,000

Requesting Physician:

> Dr. Michael D. Uy

Attending Physician:

>



Approved By : Dr. Michael D. Uy
Company Physician

Level	Maximum Benefit Limit
I-VI	30,000
VII-IX	50,000
X and Above	100,000

1. Approved Letter of Authorization (LOA) is required for out-patient members to avail the Alturas Healthcare Program.
2. Validity of approved LOAs is seven days from approval. Failure to use them within this timeframe results in automatic forfeiture.
3. Members can only request up to their MBL limit. Exceeding the limit will result in the request being rejected.
4. As a general rule, deduct 'work-related' percentage first from the Maximum Benefit Limit (MBL), followed by 'not-work related' percentage.
5. If a member is promoted within the year, the change in their MBL will take effect in the following year.