



LETTER OF AUTHORIZATION

LOA Number : LOA-20230000127

Approved On : June 13, 2023

Healthcare Provider: Ramiro Hospital



We wish to authorize the following health care services for the account of Alturas Healthcare for our member, **Joel Naraiso Potane** with Healthcard No. **ACN-01000012527**. This authorization letter is valid until **June 20, 2023** only.

CONSULTATION

CHIEF COMPLAINT

> sample

i PATIENT DETAILS

Name: Joel Naraiso Potane

Age: 32 years old

Date of Birth: November 05, 1990

Home Address: Tabuan, Antequera, Bohol

City Address:

Contact No.: +639270233514

Philhealth No.: 12-201359183-9

Employee Physical ID No.: 01000012527

i CONTACT PERSON DETAILS

Name: Marienil Daisy Rose Potane

Address: Tabuan, Antequera, Bohol

Contact No.: +639974853148,

i PATIENT MBL DETAILS

Maximum Benefit Limit: ₱30,000

Used MBL: ₱0

Remaining MBL: ₱30,000

Requesting Physician:

> Dr. Ernestine Denise M. Borja

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.