

**MAXICARE HEALTHCARE CORPORATION**  
**Endorsement Letter with NEGATIVE LIST**

DATE ISSUED: : JULY 28, 2025

TO : BARK PHL INC. (PRINCIPAL ONLY)

PROVIDER : ACU AFFILIATED PROVIDERS

RE : Endorsement Letter for the Annual Check-Up (ACU) from  
JULY 28, 2025 to SEPTEMBER 30, 2025

Greetings!

This letter serves as confirmation of your entitlement to avail Annual Check-Up (ACU) as a Maxicare member.  
Please refer to the list of procedures included in your ACU package.

ENTITLED ACU PACKAGE: P00147-01
<b>Basic 5 Package</b>
Complete Physical Examination
Chest X-ray
Complete Blood Count (CBC)
Urinalysis
Fecalysis
<b>Additional Test</b>
12 Lead ECG (for 35 years old and above; optional)
Pap Smear (Female: for 35 years old and above; optional)
<b>END</b>

**Important things to remember for your ACU:**

- Strictly by appointment basis. Please call your designated clinic for the necessary arrangements.
- Observe the minimum health standards while inside the clinic. Wear your face mask and face shield, and observe physical distancing of 1 meter while inside the clinic.
- Complete the health declaration form and initial assessment provided by the clinic prior entering the facility.
- Results are for member's pick-up. An authorized representative may claim the results on your behalf with the following requirements:
  - Authorization letter from the member
  - Photocopy of one (1) valid ID of the member & of the authorized representative
- You can coordinate directly with the clinic any other arrangement for the release of your ACU result if available.

**Preparation prior to availment**

- Fasting is required to packages that includes and does not limited to any of the following: FBS, Lipid Profile, Triglycerides, etc. Fasting is not required for Basic 5 Package.
- Stool samples shall be collected not more than 1 hour prior to the submission to the laboratory. You can place your specimen in any clean receptacle or you can get one from your designated clinic.
- Urine samples shall be collected not more than 15 minutes prior to the submission to the laboratory. You can place your specimen in any clean receptacle or you can get one from your designated clinic.
- Properly label your specimen bottles with your complete name, birthday, and date of specimen collection.
- Female members who opt to avail Pap smear should avoid sexual contact at least 48 hours before the procedure.

**Procedure during ACU availment:**

- You should provide your Maxicare card or card number, one (1) valid ID.
- You should affix your signature below as proof of your availment.
- You are entitled within the validity period indicated in this endorsement letter.
- You should complete all the tests in the same provider within 14 days from the availment.

Thank you.

RUTH IRISH JABAGAT

**Clinic Annual Check-Up Unit**

Maxicare Healthcare Corporation

**"Valid without signature"**

To our Valued Maxicare Member,

By signing this document, I hereby attest to the following:

- I have read and understood the instructions pertaining to my ACU availment.
- I have availed my ACU on the designated clinic and schedule

Member's Signature over printed name

Date































































