ValuCare
You can count on us

33 Meralco Ave., Brgy. San Antonio, Pasig City
24 Hours Hotlines:(02)702-3310 (Medical Services)
Toll free Hotline:1-800-1-888-1568;1-800-1-888-7345 (Provincial)
Other Departments:(02)702-3388
Fax No.:(02)637-9456 E-mail: wecare@valuecarehealth.com
Medical Fax No.:(02)637-9453

LUR NO: 2409129803

This form must be legibly and completely filled out, signed by applicable parties, and return to ValuCare within 30days. Use generally accepted abbreviation only

HMO

LABORATORY/RADIOLOGY/ULTRASOUND REQUEST FORM

Laboratory Date: Sep 17, 2024 **Form Expiry:** Sep 20, 2024

Hospital/Clinic: NEW WORLD DIAGNOSTICS INC. - D. TUAZON

Patient`s Name: GUTIERREZ, LAARNI A. **Birthday:** Jun 03, 1989 **Gender:** FEMALE

ID No: AT-27762407-02653-00 **Company Name:** SURESTE PROPERTIES, INC. **Expiry Date:** Aug 08, 2025

Diagnosis: Typhoid fever (A01.0)

ICD 10 CODE: **Approval Code:** PR-2409129803 **Approved by:** VC WELLNESS

Request for:

NO.	PROCEDURE/S	PRICE
1	Bicarbonate (CO2)	
2	Bicarbonate (CO2)	

Remarks: TEST

Members Statement: I hereby authorize ValuCare and its representative to have access on all my medical/hospital records. I promise to pay for medical, surgical, hospital and professional services expenses not explicitly covered by the provision of the Health Care Service Agreement. I fully understand that in instances wherein these non-coverable charges/s(i.e. excess in limits,exclusions,Philhealth etc.) were not settled upon availment/discharge, it will be billed as collectible to me and will be charged administrative fees as applicable. I hereby attest that I have fully understood all that are written in this form

GUTIERREZ, LAARNI A. / 9293318297
Signature over Printed Name/ Mobile Number

AALA, ARMANDO SAJOL
Requesting Physician (Signature over Printed Name)

This form should not be processed if availment did not push through. Otherwise, the cost of service shall be deducted from your benefit limit.

Please notify ValuCare thru this number 8702-3310.