




MEDICAL SERVICES DIVISION

LETTER OF ENDORSEMENT FOR ANNUAL PHYSICAL EXAM (APE)

To: LORMA LIFE CHECK CLINIC	Date February 16, 2023
ATTENTION TO : MS. LORNA IBAN APE SCHEDULE : Mon - Sat 8AM - 3PM CLINIC SCHEDULE : Mon - Fri 7AM - 5PM / Sat 8AM - 4PM CONTACT NO. : (072) 607-3419 NOTES :	PHILCARE Sales Services From: Forcado, Stephanie
CLIENT CONTACT NUMBER:	# of pages including cover: 1
ACCOUNT TEL NUMBER:	SENDER TELEPHONE NUMBER:
PROVIDER FAX NUMBER:	(02) 802-7333 Loc 17230 / 17228
PROVIDER PHONE NUMBER: (072) 607-3419	ENDORSED BY: Bagasin, Ryan A.
RE: ANNUAL PHYSICAL EXAM	APPROVED BY:  Samonte, Jose E. Jr. RN

Account Name:	WE SUPPORT INC.	Agreement #:	PC14784
Date of APE:	02/16/2023 - 03/17/2023	Effective Date:	10/28/2022 - 10/27/2023
APE Package:	Medical History+PE,CBC,Urinalysis,Fecalalysis,Chest X-Ray ECG for members 35 v/o and up.Pap Smear for female members 35 v/o & up		
Additional APE Procedure	FBS (FASTING BLOOD SUGAR)		

Remarks:

**Results shall be pick up by the Member/s

Certificate#	Name	Age	Sex	Signature	Date
A0UIW00	BAUTISTA, CHESTER ALLAN F	36	Male		

Total count : 1

PLEASE ATTACH THIS ADVICE UPON SENDING US THE BILLING STATEMENT.
CLAIM DOCUMENTS WITHOUT THIS ATTACHMENT WILL NOT BE PROCESSED.
THANK YOU