



Republic of the Philippines

## Department of Education

REGION IV- A CALABARZON  
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

Advisory No. **144**, s. 2026  
June 24, 2026

In compliance with Deped Order (DO) No. 8, s. 2013  
this advisory is issued not for endorsement per DO 28, s. 2001  
but only for the information of Deped officials,  
personnel/staff, as well as the concerned public.  
(Visit [www.deped.gov.ph](http://www.deped.gov.ph))

### **COMPREHENSIVE HMO-MANAGED CARE PROPOSAL FROM RMC2-AMAPHIL**

Attached is a communication from **RMC2 Consultancy Corporation** regarding its HMO-managed healthcare program intended for government agencies, with **AMAPHIL** as direct network provider partner. Included in the letter are information on healthcare benefits, medical services, accredited facilities, and other related features offered by the provider.

This Office is disseminating the attached proposal solely for information purposes. Dissemination of this document does not constitute endorsement, accreditation, recommendation, or approval by the Schools Division Office. Interested personnel are encouraged to communicate directly with the organizer for inquiries, clarifications, and other details regarding the proposed HMO package.

For more information or clarifications, interested parties may directly coordinate with **Jeamsy F. Legaspi**, Branch Manager, at **0915 164 4254**.

Dissemination of this advisory is desired.

7

SGOD- comprehensive hmo-managed care proposal from rmc2-amaphil  
RECB0D6P-009350/June 24, 2026



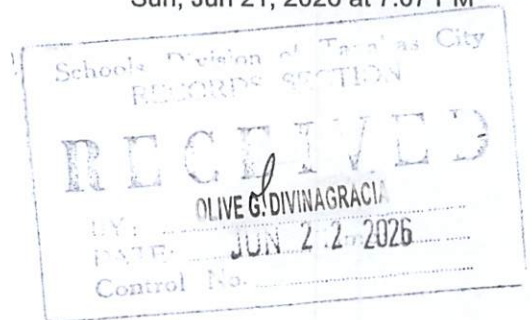
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**COMPREHENSIVE HMO-MANAGED CARE PROPOSAL FROM RMC2-AMAPHIL**

1 message

Jeamsy Legaspi <jeamsyfllegaspi@gmail.com>  
To: tayabas.city@deped.gov.ph

Sun, Jun 21, 2026 at 7:07 PM



To: **MR. CELEDONIO B. BALDERAS JR.**  
Superintendent  
SCHOOLS DIVISION OFFICE OF TAYABAS CITY  
DEP'T. OF EDUCATION REGION IV-A  
Brgy. PotoI, Tayabas City , Quezon

Thru: The Administrative Department Head

Good day! May I present this **HMO standard proposal** from **RCM2 CONSULTANCY**, with **AMAPHIL** as **Direct Network Provider partner**, for your possible consideration.

This **BUREAUHEALTH PLAN** proposal is exclusively intended for **Government Agencies - the DEPARTMENT OF EDUCATION** among others - **LGU's, State Universities and Colleges**, along with other recipients of the newly implemented **Gov't. medical allowance of Php7,000 annually**, already with a **comprehensive package of benefits covering OUT-PATIENT, IN-PATIENT, EMERGENCY & PREVENTIVE Healthcare Services**, with additional **benefit features**.

Besides guaranteeing the **immediate coverage of PRE-EXISTING CONDITIONS**, this proposal also includes the following interesting features which may not be offered in your current HMO provider's package:

1. **Allocation of a constant quarterly limit for OUT-PATIENT availment which is apart and not being deducted from the Maximum Benefit Limit (MBL) of the Plan;**
2. **Comprehensive check-ups and Teleconsultations up to the designated Annual Benefit Limit (ABL) of the plan;**
3. **Provision for MENTAL HEALTH consultation and MEDICAL REHABILITATION at Php1,500 each case per year at any affiliated AMAPHIL facility;**
4. **Provision for FLU VACCINE;**
5. **Coverage of Annual Physical Examination (APE) and Dental Care Benefits without added cost to the chosen Plan;**
6. **FINANCIAL ASSISTANCE for member's accidental death & disablement / dismemberment (AD&D Insurance), with separate burial assistance in case of accidental death or natural death; and for unprovoked murder & assault (UMA).**

Our partner, **AMAPHIL**, is a pioneering **medical facilities network-provider** that innovated a **streamlined MOBILE APPLICATION Technology** which proves very helpful and convenient to our availing members in terms of **directly obtaining** the much-needed **Letter Of Approval (LOA)** without complication, and is equipped with **other functional features**.

Your open-door access to **AMAPHIL's** nationwide network of accredited facilities also entitles you to the services of the **MAJOR HOSPITALS (located in NCR)**, like **ST. LUKE'S in Q.C.** and **Global City in Taguig**, **MAKATI MEDICAL CENTER**, and **ASIAN HOSPITAL**, without any condition or provision for their exclusion.

Please see our attachments, and feel free to contact me for any clarification, OR you may invite us for a clearer **PRESENTATION** of these proposals.

Thank you so much.

**JEAMSY F. LEGASPI**  
**Branch Manager**  
**Mobile No. 09151644254**

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**4 attachments**

-  **V-DEPED R IV-A SDO Of TAYABAS CITY BureauHealth Proposal.pdf**  
565K
-  **AMAPHIL List Of Accredited Providers As Of September 2025.xlsx**  
126K
-  **AMAPHIL-R4-A-QUEZON PROVINCE ACCREDITED HOSPITALS AND CLINICS-Letterhead Format.pdf**  
737K
-  **AMAPHIL Members' Availment Guide Thru Mobile App and Physical Card.pdf**  
3398K



Unit 106 Saunterfiled Place, Km 20  
Ortigas Avenue Extension  
Brgy. Sto. Niño, Cainta, Rizal

June 17, 2026

**MR. CELEDONIO B. BALDERAS, JR.**  
Superintendent  
SCHOOLS DIVISION OFFICE OF TAYABAS CITY  
DEP'T. OF EDUCATION REGION IV-A  
Brgy. PotoI, Tayabas City, Quezon

Dear Sir,

We appreciate your interest in obtaining health insurance coverage and are pleased to submit this proposal for your consideration. At **RMC2 Consultancy Corporation**, we are committed to providing comprehensive and affordable health insurance solutions designed to safeguard your well-being and financial security.

This is a specially tailored healthcare program for government employees—crafted to provide convenience and comprehensive health protection. It ensures that every public servant has support and access to quality medical care without the burden of escalating healthcare costs, aiding the nation's dedicated workforce in leading healthier, more secure, and productive lives.

Please feel free to contact **JEAMSY F. LEGASPI** at **(+63) 915 164 4254** to schedule a meeting at your convenience.

Thank you for considering RMC2 Consultancy Corporation as your trusted health insurance provider. We look forward to the opportunity to serve you and provide the protection you deserve.

Best regards,

  
**CLEMENT DOLF FERNANDEZ**  
Vice-president, Sales



Unit 106 Saunterfiled Place, Km 20  
Ortigas Avenue Extension  
Brgy. Sto. Niño, Cainta, Rizal

## WHO WE ARE

At RMC2 Consultancy Corporation, we believe that health and financial security should be accessible to everyone. Founded by **Rosemarie Fernandez**, who has been in the insurance industry for 23 years, RMC2 was established with a passion for making difference. Rosemarie has been exposed to the various needs of the market and decided to create a bridge for Filipinos who are overwhelmed by the process of insurance, making it more accessible and understandable.

We specialize in providing affordable, convenient, and reliable HMO, Life, and Non-Life Insurance solutions tailored to meet diverse needs.

Our Mission is simple: to bridge the gap between people and quality healthcare by offering plans that prioritize accessibility and peace of mind. We understand that navigating insurance options can be overwhelming – that's why we take pride in guiding our clients every step of the way, ensuring clarity, compassion, and personalized service. With a commitment to building lasting relationships, RMC2 Consultancy Corporation stands as trusted partner in safeguarding the well-being and future of individuals, families, and business alike.

Let us help you protect what matters most.

## OUR NETWORK PROVIDER

### **Nationwide hospital and clinic accreditation thru our network provider AMAPHIL**

AMAPHIL, or Advanced Medical Access Philippines, Inc., is a technology-powered Third Party Administrator (TPA) that was founded in 2016 to manage self-funded corporate health plans. It connects members to a large network of accredited hospitals, clinics, and physicians, and provides technology-driven services like online consultations via the Doctor Anywhere app. AMAPHIL's goal is to provide cost-effective, high-quality healthcare solutions for companies and their employees

## SCHEDULE OF BENEFITS BUREAUHEALTH PLAN

<b>ANNUAL SERVICE FEE FOR PRINCIPAL: PHP 7,000.00</b>	
<b>ANNUAL SERVICE FEE FOR DEPENDENT: PHP 8,400.00</b>	<b>On top of Philhealth</b>
<b>1. IN-PATIENT HOSPITALIZATION</b>	
1.1 Annual Benefit Limit (ABL)	Php 320,000.00
Maximum Benefit Limit (MBL) Per illness per confinement coverage per year	Php 75,000.00
1.2 Room Type	OPEN SEMI-PRIVATE
<b>2. OUT-PATIENT BENEFITS</b>	
Face-to-Face Check-ups, Teleconsultations & Laboratory Tests / Examinations to Affiliated AMAPHIL Hospitals/Clinics	
<b>EMERGENCY CARE</b>	
In Affiliated Hospitals:	
<ul style="list-style-type: none"> <li>• Physician's services</li> <li>• Emergency Room Fees</li> <li>• Medicines used for immediate relief during treatment</li> <li>• Oxygen, intravenous fluids and blood products</li> <li>• Dressings, conventional casts (plaster of Paris) and sutures</li> <li>• X-ray, laboratory , and diagnostic examinations, and other medical services related to the emergency treatment of the patient.</li> <li>• Ambulance Service</li> <li>• Flu Shot Vaccine</li> </ul>	<p>₱8,000 per semi-annual OP limit</p> <p>2,500/conduction</p> <p><b>FREE</b> Administered by RMC2 CONSULTANCY CORPORATION</p>
<b>Mental Health Consultation</b>	1,500.00 consultation assistance per year to AMAPHIL-accredited psychiatrist.
<b>Physical Therapy</b>	1,500.00 assistance per year to AMAPHIL accredited PT Centers or Rehab doctors.
<b>3. REIMBURSEMENTS</b>	
a. Emergency treatment of illness and/or injury in non-affiliated hospitals/clinics	80% reimbursement based on AMAPHIL RUV
b. Emergency treatment of illness and/or injury in affiliated hospitals/clinics	100% reimbursement based on AMAPHIL RUV
c. Emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	100% reimbursement based on AMAPHIL RUV
	<i>*not to exceed the plan's existing/remaining coverage</i>
<b>4. ANNUAL PHYSICAL EXAMINATION (APE)</b> after six (6) months of continuous membership. Procedures:	
<ul style="list-style-type: none"> <li>a. Physical Check Up/Consultation</li> <li>b. Chest X-ray</li> <li>c. Urinalysis</li> <li>d. Fecalalysis</li> <li>e. Complete Blood Count (CBC)</li> </ul>	Can be availed at AMAPHIL accredited clinics with APE arrangements, or APE assistance of up to ₱650.

<p><b>5. DENTAL CARE BENEFITS</b></p> <ul style="list-style-type: none"> <li>a. Free &amp; unlimited consultation &amp; dental examinations</li> <li>b. Simple tooth extraction, except surgery for impaction (unlimited/maximum of 3 teeth per day)</li> <li>c. Temporary fillings (up to 3 times a year)</li> <li>d. Twice a year oral prophylaxis (mild to moderate) which can be availed of after active membership (premium paid)/ succeeding may be availed of six (6) months thereafter</li> <li>e. Adjustment of dentures</li> <li>f. Recementation of jacket crown inlays and onlays</li> <li>g. Treatment of dental related pain excluding cost of prescribed medicines</li> <li>h. Emergency desensitization of hypersensitive teeth</li> <li>i. Annual dental examination (within the dentist's dental clinic only)</li> <li>j. Orthodontic and aesthetic dental consultation</li> </ul>	<p>Covered</p>
<p><b>6. FINANCIAL ASSISTANCE</b></p> <ul style="list-style-type: none"> <li>a. Accidental Death and Disablement</li> <li>b. Burial Expense</li> <li>c. Unprovoked murder and assault</li> </ul>	<p>Php 100,000.00 Php 5,000.00 Php 50,000.00</p>
<p><b>7. PRE- EXISTING CONDITIONS</b></p> <p>The PEC exclusion is waived if at least 70% of eligible employees, with a minimum group size of 30 members, are enrolled under the plan. If this threshold is not met, pre-existing conditions will be covered after six (6) months of continuous membership.</p>	
<p><b>8. ELIGIBILITY</b></p> <p>8.1 The Rates Indicated in this proposal are only valid for one (1) month from the date of receipt and hence, may be subject for adjustment <b>WITHOUT PRIOR NOTICE.</b></p> <p>8.1 <b>Acceptance Age: Principal Members 18-65 y/o.</b>  <b>Dependents:</b>  <b>Biological or Legally Adopted Children 5-23 y/o.</b>  <b>Parents or Legitimate Spouse 18-65 y/o.</b></p> <p>8.2 Dependents will only be eligible for enrollment under this policy if at least 65% of the eligible employees are enrolled as principal members.</p> <p>8.3 Coverage for major surgical procedures shall not be available during the initial contract period. Eligibility for such coverage shall commence only upon the first renewal, and shall remain subject to prior approval and the terms, conditions, and limitations.</p> <p style="text-align: center;"><b>PRESENTED PREMIUM IS VAT INCLUSIVE</b></p>	

## SCHEDULE OF BENEFITS BUREAUHEALTH PLAN

<b>ANNUAL SERVICE FEE FOR PRINCIPAL: PHP 5,000.00</b>	
<b>ANNUAL SERVICE FEE FOR DEPENDENT: PHP 6,000.00</b>	<b>On top of Philhealth</b>
<b>2. IN-PATIENT HOSPITALIZATION</b>	
<b>2.1 Annual Benefit Limit (ABL)</b> <b>Maximum Benefit Limit (MBL)</b> Per illness per confinement coverage per year	Php 200,000.00  Php 45,000.00
<b>2.2 Room Type</b>	WARD
<b>2. OUT-PATIENT BENEFITS</b>	
<b>Face-to-Face Check-ups, Teleconsultations &amp; Laboratory Tests / Examinations to Affiliated AMAPHIL Hospitals/Clinics</b>  <b>EMERGENCY CARE</b>  <b>In Affiliated Hospitals:</b> <ul style="list-style-type: none"> <li>• Physician's services</li> <li>• Emergency Room Fees</li> <li>• Medicines used for immediate relief during treatment</li> <li>• Oxygen, intravenous fluids and blood products</li> <li>• Dressings, conventional casts (plaster of Paris) and sutures</li> <li>• X-ray, laboratory , and diagnostic examinations, and other medical services related to the emergency treatment of the patient.</li> <li>• Ambulance Service</li> <li>• Flu Shot Vaccine</li> </ul>	₱7,000 per semi-annual OP limit          2,500/conduction  <b>FREE</b> Administered by RMC2 CONSULTANCY CORPORATION
<b>Mental Health Consultation</b>	1,500.00 consultation assistance per year to AMAPHIL-accredited psychiatrist.
<b>Physical Therapy</b>	1,500.00 assistance per year to AMAPHIL accredited PT Centers or Rehab doctors.
<b>5. REIMBURSEMENTS</b>	
a. Emergency treatment of illness and/or injury in non-affiliated hospitals/clinics	80% reimbursement based on AMAPHIL RUV
b. Emergency treatment of illness and/or injury in affiliated hospitals/clinics	100% reimbursement based on AMAPHIL RUV
c. Emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	100% reimbursement based on AMAPHIL RUV
	<i>*not to exceed the plan's existing/remaining coverage</i>

<p><b>4. ANNUAL PHYSICAL EXAMINATION (APE)</b></p> <p>after six (6) months of continuous membership. Procedures:</p> <ol style="list-style-type: none"> <li>Physical Check Up/Consultation</li> <li>Chest X-ray</li> <li>Urinalysis</li> <li>Fecalalysis</li> <li>Complete Blood Count (CBC)</li> </ol>	<p>Can be availed at AMAPHIL accredited clinics with APE arrangements, or APE assistance of up to ₱650.</p>
<p><b>6. DENTAL CARE BENEFITS</b></p> <ol style="list-style-type: none"> <li>Consultations and oral examinations</li> <li>Twice a year oral prophylaxis for Principal Members (every 6 months)</li> <li>Simple tooth extractions, except surgery for the impacted tooth and ankylosis</li> <li>Temporary fillings</li> <li>Simple Gum treatment and adjustment of dentures</li> <li>Recementation of loose jackets, crowns, in-lays, and on-lays</li> <li>Simple treatment of mouth lesions, wounds &amp; burns</li> <li>Desensitization of hypersensitive teeth</li> <li>Prenatal Dental Consultation</li> <li>Free Use of Dental Portal</li> </ol>	<p>Covered</p>
<p><b>6. FINANCIAL ASSISTANCE</b></p> <ol style="list-style-type: none"> <li>Accidental Death and Disablement</li> <li>Burial Expense</li> <li>Unprovoked murder and assault</li> </ol>	<p>Php 100,000.00 Php 5,000.00 Php 50,000.00</p>
<p><b>7. PRE- EXISTING CONDITIONS</b></p> <p>The PEC exclusion is waived if at least 70% of eligible employees, with a minimum group size of 30 members, are enrolled under the plan. If this threshold is not met, pre-existing conditions will be covered after six (6) months of continuous membership.</p>	
<p><b>8. ELIGIBILITY</b></p> <p>8.2 The Rates Indicated in this proposal are only valid for one (1) month from the date of receipt and hence, may be subject for adjustment <b>WITHOUT PRIOR NOTICE</b>.</p> <p>8.3 <b>Acceptance Age: Principal Members 18-65 y/o.</b> Dependents: <b>Biological or Legally Adopted Children 5-23 y/o.</b> <b>Parents or Legitimate Spouse 18-65 y/o.</b></p> <p>8.4 Dependents will only be eligible for enrollment under this policy if at least 65% of the eligible employees are enrolled as principal members.</p> <p>8.5 Coverage for major surgical procedures shall not be available during the initial contract period. Eligibility for such coverage shall commence only upon the first renewal, and shall remain subject to prior approval and the terms, conditions, and limitations.</p> <p style="text-align: center;"><b>PRESENTED PREMIUM IS VAT INCLUSIVE</b></p>	

## SCHEDULE A – SUMMARY OF BENEFITS

### I. IN PATIENT BENEFITS

HEALTHCARE BENEFITS	BureauHealth 7000	BureauHealth 5000
Annual Benefit Limit (ABL)	₱320,000	₱200,000
Maximum Benefit Limit (MBL)	₱75,000	₱45,000
Room Type	Open Semi-Private	Ward
Use of operating, ICU, isolation, or recovery room	As charged, subject to MBL	
Professional fees (physician, surgeon, anesthesiologist)	As charged, subject to MBL	
Nursing services, medicines, diagnostics, and supplies	As charged, subject to MBL	
Blood transfusions and fluids (recipient only)	As charged, subject to MBL	

### II. OUTPATIENT BENEFITS

HEALTHCARE BENEFITS	BureauHealth 7000	BureauHealth 5000
Consultation to Accredited Physicians	₱8,000 per semi-annual OP limit	₱7,000 per semi-annual OP limit
Treatment for minor injuries and minor surgery (except outpatient medicines)		
Dressings, conventional casts (plaster of Paris) and sutures.		
Routine diagnostic examinations and therapeutic procedures		
Sclerotherapy for varicose veins		
Botox (non-cosmetic)		
Flu Shot Vaccine	<b>FREE</b> Administered by RMC2 CONSULTANCY CORPORATION	

### III. EMERGENCY CARE BENEFITS

HEALTHCARE BENEFITS	
Emergency treatment in non-affiliated hospitals/clinics	As charged, subject to OP limit
Emergency treatment in affiliated hospitals/clinics	As charged, subject to OP limit
Areas without accredited hospitals	100% reimbursement (subject to plan limits) based on AMAPHIL RUV
Ambulance (land transfer)	Up to ₱2,500 per conduction

### IV. PREVENTIVE HEALTH CARE SERVICES

<b>HEALTHCARE BENEFITS</b>	
Physical Exam, CBC, Urinalysis, Fecalysis, Chest X-ray	Can be availed at AMAPHIL accredited clinics with APE arrangements, or APE assistance of up to ₱650
Passive and active vaccines including anti-tetanus, animal bites as well as snake bites and its administration	Up to ₱2,500/member/year, subject to MBL
Mental Health Consultation	1,500.00 consultation assistance per year to AMAPHIL-accredited psychiatrist

**V. BENEFITS COVERED WHETHER OUT-PATIENT OR IN-PATIENT**

**1. ROUTINE PROCEDURES (whether OP or IP)**

<b>HEALTHCARE BENEFITS</b>	
Blood Chemistries	As charged, subject to OP limit for OP; MBL for IP
Chest X-Ray	
Complete Blood Count (CBC)	
Fecalysis	
Urinalysis	

**2. DIAGNOSTIC PROCEDURES (whether OP or IP)**

<b>HEALTHCARE BENEFITS</b>	
Standard procedures and imaging (Diagnostic X-rays, ECG, ultrasounds, etc.)	As charged, subject to OP limit for OP; MBL for IP
2D-Echo with Doppler	As charged, subject to OP limit for OP; MBL for IP
Adrenocortical Function	
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	
Arterial Blood Gas	
Arthroscopic Procedures, Orthopedic Arthroscopy	
Audiogram and Tympanograms	
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	
Computed Tomography (CT) Scans	
Duplex Scan	
Electroencephalogram (EEG) Monitoring	
Electromyography and Nerve Conduction Studies	
Endoscopic Procedures	
Impedance Plethysmography	
Magnetic Resonance Angiography (MRA)	
Magnetic Resonance Imaging (MRI)	
Mammogram and Sonomammogram	
Myelogram	
Nuclear Radioactive Isotope Scan	
Pap's Smear	
Perfusion Scan	

Plasma Urinary Cortisol, Plasma Aldosterone	
Pulmonary Function Tests	
Radionuclide Ventriculography	
Surface electromyography (sEMG)	
Thallium Scintigraphy	
Treadmill Stress Test (TMST)	

### 3. THERAPEUTIC PROCEDURES

HEALTHCARE BENEFITS	
Intravenous or oral Chemotherapy	Subject to OP Limit
Arthrocentesis	
Dialysis	
Physical therapy	₱1,500.00 assistance per year to AMAPHIL-accredited PT Centers or Rehab doctors
Thoracentesis	Up to ₱4,000/illness/year, subject to MBL

### 4. OTHER PROCEDURES AND LATEST MODALITIES

HEALTHCARE BENEFITS	Bureauhealth 7,000	Bureauhealth 5,000
Hysteroscopic-guided D&C	Up to ₱5,000/illness/year, subject to OP limit for OP; MBL for IP	
Laparoscopy		
Lithotripsy		
Percutaneous Ultrasonic Nephrolithotomy		
Stereotactic Brain Biopsy	Up to ₱7,000/procedure, subject to OP limit for OP; MBL for IP	Not covered
Conventional Hemorrhoidectomy		
Scalpel Hemorrhoidectomy		
Stapled Hemorrhoidectomy		
Mammotome/ Vacuum Assisted Breast Biopsy		
4D Ultrasound except for maternity related cases		
Esophageal Manometry		
Positron Emission Tomography (PET) Scan		
CT Pulmonary Angiography		
Photodynamic Therapy		
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts		
Transurethral Microwave Therapy of Prostate		

**VI. ADDITIONAL BENEFITS**

<b>HEALTHCARE BENEFITS</b>	
Motor Vehicular Accidents	As charged, subject to OP limit for OP; MBL for IP
Unprovoked assault / domestic violence	
Sports-related injuries (non-hazardous)	
Scabies / Chronic Dermatoses	Consultations Only
Hepatitis B (treatment only)	As charged, subject to OP limit for OP; MBL for IP

**VII. DENTAL BENEFITS** – Dental benefits shall be administered by RMC2 Consultancy Corp.

<b>HEALTHCARE BENEFITS</b>	
Consultation & dental examinations	Free & unlimited
Simple tooth extraction, except surgery for impaction	Unlimited/maximum of 3 teeth per day
Temporary fillings	up to 3 times a year
Oral prophylaxis (mild to moderate)	Twice a year which can be availed of after active membership (premium paid)/ succeeding may be availed of six (6) months thereafter
Adjustment of dentures	Covered
Recementation of jacket crown inlays and onlays	Covered
Treatment of dental related pain excluding cost of prescribed medicines	Covered
Emergency desensitization of hypersensitive teeth	Covered
Annual dental examination	Covered (within the dentist's dental clinic only)
Orthodontic and aesthetic dental consultation	Covered

**VIII. FINANCIAL ASSISTANCE** – Financial benefits shall be administered by Standard Insurance

<b>HEALTHCARE BENEFITS</b>	<b>Bureauhealth 7,000</b>	<b>Bureauhealth 5,000</b>
Accidental Death & Dismemberment	₱100,000	
Burial Benefit	₱5,000	
Terminal Illness Benefit (TIB)	₱50,000	

## SCHEDULE B – MEMBERSHIP FEES

<b>PRINCIPAL</b>			
		<b>Bureauhealth 7,000</b>	<b>Bureauhealth 5,000</b>
COVERAGE	ABL	320,000	200,000
	MBL	75,000	45,000
ANNUAL		7,000	5,000
<b>DEPENDENTS</b>			
		<b>Bureauhealth 7,000</b>	<b>Bureauhealth 5,000</b>
COVERAGE	ABL	320,000	200,000
	MBL	75,000	45,000
ANNUAL		8,400	6,000

**MEMBERSHIP FEES:**  
Inclusive of 12% VAT

**CONFORME:**

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Print Name and Signature

## **AMAPHIL ACCREDITED HOSPITALS AND CLINICS IN QUEZON PROVINCE**

### **HOSPITAL PROVIDERS**

**GREG HOSPITAL SARIAYA, INC.** - Gen. Luna St. cor. Dalitiwan St., Brgy. Poblacion 1, **Sariaya**  
**HOLY ROSARY HOSPITAL** - San Isidro St. Brgy. Talalong (Poblacion), **Lopez**  
**JANE COUNTY HOSPITAL, INC.** - Brgy. 1 Castillo (Poblacion), **Pagbilao**  
**LUCBAN MMG HOSPITAL** - National Highway, Brgy. Tinamnan, **Lucban**  
**LUCENA MMG MEDICAL PLAZA** - 13 Quezon Ave., Brgy. Ibabang Dupay, **Lucena City**  
**LUCENA UNITED DOCTORS HOSPITAL AND MEDICAL CENTER** - Maharlika Highway, Brgy. Isabang, **Lucena City**  
**PETER PAUL MEDICAL CENTER OF CANDELARIA, INC.** - Regidor St., Brgy. Poblacion, **Candelaria**  
**RAKKK PROPHET MEDICAL CENTER** - Maharlika Highway, Brgy. Rosario, **Gumaca**  
**ST. ANNE GENERAL HOSPITAL, INC.** - P. Gomez St. Ext., Brgy. Ibabang Dupay, **Lucena City**  
**TAYABAS COMMUNITY HOSPITAL, INC.** - National Road, Brgy. Wakas, **Tayabas City**  
**UNIHEALTH QUEZON HOSPITAL AND MEDICAL CENTER, INC.** - Lot 957-E & 964, Maharlika Highway-Isabang Road, Brgy. Isabang, **Tayabas City**  
**UNITED CANDELARIA DOCTORS HOSPITAL** - Maharlika Highway, Brgy. Mangilang Sur, **Candelaria**

### **CLINIC PROVIDERS**

**BIOESSENCE FACIAL & SLIMMING CENTER, INC.-SM LUCENA** - SM City, Maharlika Highway cor. Dalahican Road, **Lucena City**  
**BLESSES HEALTH SERVICES CORP.-CANDELARIA** - RMM Bldg., Rizal St., Brgy. Poblacion, **Candelaria**  
**BLESSES HEALTH SERVICES CORP.-TAYABAS** - Luis Palad St., Angeles Zone IV, **Tayabas City**  
**EZ LAB DIAGNOSTIC AND LABORATORY CLINIC** - 46 Quezon Ave., Brgy. 1-Poblacion, **Lucena City**  
**LAGUNA DIAGNOSTIC CENTER AND MULTISPECIALTY CLINIC-INFANTA** - 2F Gloria Bldg., 20 De Julio St., Brgy. Poblacion 1, **Infanta**  
**LANDERS INTERNATIONAL DIAGNOSTIC CENTER** - 2F MJCR Bldg., Gomez St., Brgy. 4 (Poblacion), **Lucena City**  
**LC DIAGNOSTIC CENTER** - 230 Merchan St., Brgy. 9, **Lucena City**  
**MAGAYON LABORATORY & DIAGNOSTIC CENTER** - Rizal St., Brgy. Poblacion 1, **Infanta**  
**NEW WORLD DIAGNOSTICS-LUCENA** - 230-B Merchan St., Brgy. 3, **Lucena City**  
**PMP PAIN CENTER CORP.-CANDELARIA** - 2F APC Bldg., Brgy. Masin, **Candelaria**  
**PMP PAIN CENTER CORP.-LUCENA** - GF JM-A Commercial Bldg., Maharlika Highway, Brgy. Mayan Kanluran, **Lucena City**  
**RIZAL EYE CENTER** - Km. 194 Maharlika Highway, Brgy. Rosario, **Gumaca**  
**TCHI DIALYSIS AND HEART DIAGNOSTIC CENTER** - Tayabas Community Hospital Compound, National Road Brgy. Wakas, **Tayabas City**  
**TRIPTORS DIAGNOSTIC CENTER** - Doña Aurora Blvd. cor. Capistrano Drive, Brgy. Gulang-Gulang, **Lucena City**



## IN-PATIENT



### 1 MEMBER

1. Upon receipt of the admitting order, member requests TRANSACTION NUMBER thru their Mobile Application. Presents the TRANSACTION NUMBER generated at the Admitting Department.
2. AMAPHIL receives SMS alert that there is hospital admission.

### 2 HOSPITAL/CLINIC STAFF

1. Writes the Transaction Number in the AMAPHIL Form.
2. Encodes the AMAPHIL Form number in the mobile application of the member.
3. Clicks CONSUME button. Performs the hospital admission process.

### 3 AMAPHIL

1. Calls the hospital for verification of identity and benefits.
2. Email/Fax the Benefit Guide of the member to the Hospital.

### MEMBER

1. Should occupy allowed room to avoid incremental charges.
2. File for Philhealth.

### 4 MEMBER

- Once the member receives an order of discharge from the attending doctor, proceed to the Billing Department to process the SOA. Once the Final and Itemized SOA is ready, member to access the mobile application for discharge.

### AMAPHIL

- Receives an SMS alert that there is for discharge.

### 5 HOSPITAL/CLINIC STAFF

- Will fax/email the final and itemized SOA, IP Form, and signed Benefit Guide to AMAPHIL.

### AMAPHIL

- Computes for the actual coverage based from the SOA within 20 minutes. Then, fax/email the LOA to the hospital.

### MEMBER

- Member receives an SMS alert informing him that the LOA was already issued to the hospital. Member to settle the excess if any.

## OUT-PATIENT



### 1 MEMBER

1. Requests LOA thru their Mobile Application.
2. Goes to his chosen provider.
3. Presents the LOA generated to the Medical Coordinator's Clinic or HMO/Industrial Department.
4. At the clinic, member presents the LOA generated in the mobile app at the reception area or at the nurse station.

### 2 HOSPITAL/CLINIC STAFF

1. Writes the LOA # with correct coverage in the AMAPHIL Form.
2. Encodes the AMAPHIL Form number in the mobile application of the member.
3. Clicks CONSUME button. Gives the AMAPHIL Form to Member.

### 3 MEMBER

- Member avails the consultation/ procedure.

## EMERGENCY



### 1 MEMBER

1. Member clicks the Emergency button in the availment page.
2. Member clicks the Emergency button in the availment page. Member's current mobile number will be displayed and can modify in the same window. Click Confirm to notify AMAPHIL for assistance.
3. Member undergoes medical treatment.

### 2 AMAPHIL

- AMAPHIL staff will call the Member and the Provider for verification of identity and coverage then issue LOA.

### HOSPITAL/CLINIC STAFF

1. If declared as an OP case, sign the hospital SOA upon discharge and settle excess if any.
2. If for Hospital admission, access the mobile application and click Admission.

#### REMINDERS:

1. LOA is valid up to 3 days.
2. For any concerns or queries regarding your Philhealth benefits, please consult with your HR Department
3. If treated in a non-accredited facility/doctor, you may file for reimbursement (subject to plan and coverage)
- Reimbursement should be filed within 30 days from the date of availment.
4. AMAPHIL encourages its members to use the Mobile Application to hasten the availment process.
5. AMAPHIL 24/7 HOTLINE: 0999-223-6011

## IN-PATIENT



### 1 MEMBER

1. Member presents his OFFLINE Mobile Application or AMAPHIL Physical Card to the Admitting Department.

### 2 HOSPITAL/CLINIC STAFF

1. Calls AMAPHIL for TRANSACTION NUMBER (TNO).  
2. Dictates the AMAPHIL Form number to AMAPHIL. AMAPHIL to dictate the TNO.  
3. Writes the TNO Number in the AMAPHIL Form.

### 3 AMAPHIL

1. Conducts verification of identity and benefits.  
2. Email/Fax the Benefit Guide of the member to the Hospital.

#### MEMBER

1. Should occupy allowed room to avoid incremental charges.  
2. File for Philhealth.

### 4 MEMBER

1. Once the member receives an order of discharge from the attending doctor, proceed to the Billing Department to process the SOA.  
2. HOSPITAL to fax/email the final and itemized SOA, IP Form, and signed Benefit Guide to AMAPHIL.

#### HOSPITAL/CLINIC STAFF

Will fax/email the final and itemized SOA, IP Form, and signed Benefit Guide to AMAPHIL.

### 5 AMAPHIL

Computes for the actual coverage based from the SOA within 20 minutes. Then, fax/email the LOA to the hospital.

#### MEMBER

Member receives an SMS alert informing him that the LOA was already issued to the hospital. Member to settle the excess if any.

#### REMINDERS:

1. LOA is valid up to 3 days.
2. For any concerns or queries regarding your Philhealth benefits, please consult with your HR Department
3. If treated in a non-accredited facility/doctor, you may file for reimbursement (subject to plan and coverage). Reimbursement should be filed within 30 days from the date of availment.
4. AMAPHIL encourages its members to use the Mobile Application to hasten the availment process.
5. AMAPHIL 24/7 HOTLINE: 0999-223-6011

## OUT-PATIENT



### 1 MEMBER

1. Member presents his OFFLINE Mobile Application or AMAPHIL Physical Card to the Medical Coordinator's Clinic or HMO/Industrial Department.  
2. At the clinic, member presents the Offline Mobile Application or AMAPHIL Physical Card at the reception area or at the nurse station.

### 2 HOSPITAL/CLINIC STAFF

1. Calls AMAPHIL for LOA.  
2. Dictates the AMAPHIL Form number to AMAPHIL.  
3. AMAPHIL to dictate the LOA number. Writes the LOA Number in the AMAPHIL Form.

### 3 MEMBER

1. Member avails the consultation/ procedure.

## EMERGENCY



### 1 MEMBER

1. Member presents his OFFLINE Mobile Application or AMAPHIL Physical Card to the ER Department.  
2. Member clicks the Emergency button in the availment page. Member's current mobile number will be displayed and can modify in the same window. Click Confirm to notify AMAPHIL for assistance.  
3. Member undergoes medical treatment.

### 2 AMAPHIL

AMAPHIL staff will call the Member and the provider for verification of identity and coverage then issue LOA.

#### HOSPITAL/CLINIC STAFF

1. If declared as an OP case, sign the hospital SOA upon discharge and settle excess if any.  
2. If for Hospital admission, access the mobile application and click Admission.