



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051169218-6

DAITOL, MARY JEAN LLAMEDO

AUGUST 27, 1989 - FEMALE

UBCA 2 QUIOT PARDO CEBU CITY, CEBU - 6000



1 2 0 5 1 1 6 9 2 1 8 6

Mary Jean Llamedo

Welcome to My.SSS, MARY JEAN DAITOL!

[LOG-OUT] For your protection, please [logout](#) before closing your browser.

For op
the SSS Website requires

Your password

HOME MEMBER'S PROFILE E-SERVICES PAYMENT REFERENCE NUMBER (PRN)

Member Inquiry
0632561603

Employee Static Information

C.R.N. **0111-3137581-0**
SS Number **06-3256160-3**
Date of Birth **08-27-1989**

Member Name **DAITOL, MARY JEAN LLAMEDO**
Date of Coverage **07-2012**

Member Info Benefit SMEC Loans Premium Payments Eligibility Documents

Sex:
Reporting Date:
Reporting ID:
Latest ER ID:
Latest ER Name:
Claim Flag Status:
SS Number Status:
Transferred to (New SS Number):
Coverage Status:
Change in Coverage Status:
Date of Loan Disqualification:
SS Number Withdrawal Reason:
Record Location:

Member Details
F
09-12-2012
03-9147935-3
03-9147935-3
CONCENTRIX CVG PHILIPPINES, IN
NO CLAIM
SS NUMBER ACTIVE
COVERED EMPLOYEE
NO STATUS CHANGE

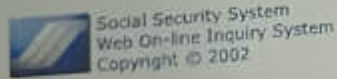
QUEZON CITY

UBCA 2 QUIOT CEBU CITY CEBU 6000

09069496926
daitolmaryjean@gmail.com

Address & Contact Information

Local Home Address :
Local Mailing Address :
Landline :
Mobile :
Email Address :
Foreign Home Address :
Foreign Mailing Address :



SSS Homepage Copyright © 1997 Terms of Service | Data Privacy Notice
SSS Building East Avenue, Diliman Quezon City, Philippines

For comments, concerns and inquiries contact:
SSS Trunkline No. (632) 8920-6401
SSS Call Center: (632) 8920-6446 to 55
IVRS: (632) 7917-7777
Toll-Free No.: 1-800-10-2255777
SSS Email: member_relations@sss.gov.ph
SSS Facebook: <https://www.facebook.com/SSSPH>

International Toll-Free Nos.:
Asia
Hongkong: 001-800-0225-5777
Singapore: 001-800-0225-5777
Malaysia: 00-800-0225-5777
Taiwan: 00-800-0225-5777
Brunei: 801-4275

Middle East
Oman: 00800-100-260
UAE: 800-0630-0036
Saudi Arabia: 800-863-0022
Bahrain: 8000-6094

Europe
Italy: 00-800-0225-5777
UK: 00-800-0225-5777



Republic of the Philippines
Department of Justice
National Bureau of Investigation



23452293

This is to certify that the person whose name, address, signature and photograph appearing herein is listed below and the results is as follows:

APP ID NO. D340HM1N98-R71617114	VALID UNTIL May 15, 2025
FAMILY NAME DAITOL	FIRST NAME MARY JEAN
ABOVE'S NAME LLAMEDO	HUSBAND'S SURNAME
ADDRESS UBCA II QUIOT PARDO CEBU CITY	PLACE OF BIRTH CEBU CITY
DATE OF BIRTH August 27, 1989	CIVIL STATUS SINGLE
CITIZENSHIP FILIPINO	



SIGNATURE
Mary Jean Daitol Llamedo

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

GENDER
FEMALE



D340HM1N98-R71617114

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Friday, May 24, 2024 07:55 AM

Agency	R7	QADD	villarinn
CASID	villarinn	BICID	villarinn
B.R. No.	NP2PBLJTWJ	RECID	villagan
O.R. Date	05/15/2024 8:12:14 AM	INTID	
DST PAID		PRTID	villarinn

ACEBEDO OPTICAL
FREE EYE CHECK-UP

~~Ground floor, in front of~~
JOTO Gaming Hub

RIGHT EYE:
 LEFT EYE:

STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Polyclinics & Diagnostic Center, Inc.
 M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 2-2273/266-3245
 alpha.ph

SERVICE ORDER



WITH MENSES. PLEASE COME ON
 DATE SCHEDULED 5/23/24
 OTHERWISE, YOU WILL HAVE TO

Priority No.	0058
SO No.	462870
S.O Date	05/20/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID	: 100455	GENDER	: Female
PATIENT NAME	: DAITOL, MARY JEAN, LLAMEDO	BIRTHDATE	: 08/27/1989
PATIENT ADDRESS	: Quiot Pardo, Cebu City (Capital), Cebu	AGE	: 34
MOBILE NO.	: 09762924841	CIVIL STATUS	: Single
EMAIL ADDRESS	: MJDAITOL0827@GMAIL.COM	SC/PWD ID	
REQUESTING PHYSICIAN	: IPLAY STAFFING SOLUTIONS	HMO CARD NO.	
COMPANY/REFERRED BY	: DELIVER	PATIENT STATUS	: FOR EMPLOYMENT
RESULT DELIVERY			

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLAY PEME	1.00	800.00	800.00

Maurice

*PE CHEST PA CBC UREA S/C/PWD
 DRUG TEST
 THE FOLLOWING TEST WITHIN THIS DAY OTHERWISE YOU
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT
 AVAILMENT.)

PRIME CARE
Blg 5/23/24

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	9.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

VALIDATED

PREPARED BY: L
 Maurice C. Escario

ACKNOWLEDGED BY: _____
 Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****