



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121309309518
REGISTRATION TRACKING NO	922286827658

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY Please specify

**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. SOCIAL NO.
MEMBER	ALINABON	MAE CATHERINE		QUIJANO	<input type="checkbox"/>
FATHER	ALIÑABON	PERLON		ERENEO	<input type="checkbox"/>
MOTHER (Maiden Name)	QUIJANO	ZENAIDA		BASILLO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALINABON	MAE CATHERINE		QUIJANO	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
07/18/2004	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	157.48	46.00			For AFP/PNP Employee - Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee - Division Code-Station Code	

**ADDRESS AND CONTACT DETAILS**

<b>PERMANENT HOME ADDRESS</b>					<b>COUNTRY + AREA CODE + TELEPHONE NUMBER</b>	
Unit/Room No., Floor		Building Name			Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone	
				SITIO COGON	+63 (0569) 5145783	
Subdivision		Barangay			Business (Direct Line)	
		BASAK PARDO			Business (Trunk Line)	
Municipality/City		Province/State/Country			Email Address	
CEBU CITY		CEBU, PHILIPPINES			maecatherinealinabon18@gmail.com	
ZIP Code						
6000						
<b>PRESENT HOME ADDRESS</b>						
Unit/Room No., Floor		Building Name		Lot No.	Block No.	Phase No.
House No.		Street Name		Subdivision		Barangay
		SITIO COGON				BASAK PARDO
Municipality/City		Province/State/Country			ZIP Code	
CEBU CITY		CEBU, PHILIPPINES			8000	
<b>PREFERRED MAILING ADDRESS</b>		<b>PERMANENT HOME ADDRESS</b>				



Republic of the Philippines

# PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871

[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

about:src



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 12-026022774-8 PhilSys Number : N/A

Member Type : DIRECT CONTRIBUTOR - NHTS Coverage N/A  
 SELF EARNING INDIVIDUAL - Validity Period N/A  
 INDIVIDUAL

### ALINABON, MAE CATHERINE QUIJANO

BASAK PARDO, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 07/18/2004  
 Place of Birth : CEBU CITY, CEBU

Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : 09563268506 Tax Identification Number :

### ENTITY INFORMATION

Philhealth Number (PEN/POGN) : N/A  
 Name of Entity/Organized Group : N/A  
 Business Address : N/A  
 Telephone Number : N/A Employment Status : SEPARATED  
 Tax Identification Number : N/A Date : 02/06/2024

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122549841749	ALINABON	RADLEIGH BRAYM		M	SON	05/28/2022

\*\*\* NOTHING FOLLOWS \*\*\*

### MARJORIE A. CABRIETO

REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

**Paalala:** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at buwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital.

*(Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)*

*This is a system generated report. Signature is not required. Printed At: PRO VII Cebu City - 8/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City*

06.06.2024 10:29:30 AM 30499114 20599918 03.03.2022 AC/ILS/IN 03.31.2024



## CERTIFICATE OF EMPLOYMENT

Date: 05/22/2024

To whom it may concern,

This is to certify that **Mae Catherine Alifabon** has been with **Leadgen Corp** as a/an **Regular Voice – Lead Generation Specialist**.

Employee Details:

- **Employee Name:** Mae Catherine Alifabon
- **Position:** Voice – Lead Generation Specialist
- **Employment Duration:** 10/17/2022 to 02/09/2024
- **Work Schedule:** 40 hours per week / Mondays to Fridays

Job Responsibilities:

- Responsible for taking outbound calls and converting leads to qualified prospects.

This certification is being issued upon the request of the aforementioned name for whatever lawful purpose it may serve best.

Should you require any further information regarding Mae Catherine Alifabon's employment, please do not hesitate to contact us at [hr@iamleadgen.net](mailto:hr@iamleadgen.net).

Noted By:

  
Rhosmarie Zulueta  
HR Specialist

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 10a.)

Province QUEBON Registration No. 2004 21320  
City/Municipality QUEBON CITY

1. NAME (First) (Middle) (Last)  
MAR CATHERINE CUTIANO ALINARON  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
18 JULY 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
QUEBON CITY MEDICAL CENTER QUEBON CITY QUEBON

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify  
c. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2900 grams

6. MAIDEN NAME (First) (Middle) (Last)  
ZENAIDA BASILLO CUTIANO

7. CITIZENSHIP FIL. 8. RELIGION R.C.

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 33 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
BAGAS PANDO QUEBON CITY QUEBON

13. NAME (First) (Middle) (Last)  
PERLON SERRA ALINARON

14. CITIZENSHIP FIL. 15. RELIGION R.C.

16. OCCUPATION NONE 17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JULY 29, 1998 QUEBON CITY

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife  
4 Healer (Traditional Medicine) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 5:13 am o'clock on 18 day of JULY 2004.

Signature LEONIDA SUAN Address N. BATAISO AVENUE  
Name in Print H.M.D. QUEBON CITY  
Title or Position HEALER Date JULY 18, 2004

20. INFORMANT  
Signature PERLON SERRA ALINARON Address BAGAS PANDO  
Name in Print PERLON SERRA ALINARON QUEBON CITY  
Relationship to the child MOTHER Date JULY 18, 2004

21. PREPARED BY  
Signature RICARDO BASTOCHA  
Name in Print RICARDO BASTOCHA  
Title or Position CLERK Date JULY 18, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature ANGELINA B. BATAISO  
Name in Print ANGELINA B. BATAISO  
Title or Position SECRETARY Date JULY 18, 2004

2004 JUL 21

06271-2F-400ADT-01214-BI001

BEST POSSIBLE IMAGE

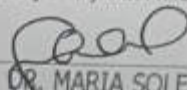

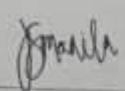

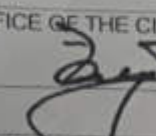


BReN  
02217-B04PJ02-7

Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province <u>CEBU</u>		Registry No. <b>2022 09561</b>		
City/Municipality <u>CEBU CITY</u>				
<b>C H I L D</b>	1. NAME (First) (Middle) (Last) <b>RADLEIGH BRAYM - ALINABON</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>28 MAY 2022</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>SAINT ANTHONY MOTHER &amp; CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N. A.</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2100</b> grams
<b>M O T H E R</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>MAE CATHERINE QUIJANO ALINABON</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>NONE</b>
	12. AGE at the time of this birth (completed years) <b>17</b>			
<b>F A T H E R</b>	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>SITIO COGON, BASAK PARDO CEBU CITY CEBU PHILIPPINES</b>			
	14. NAME (First) (Middle) (Last) <b>UNKNOWN</b>			
	15. CITIZENSHIP <b>N.A.</b>	16. RELIGION/RELIGIOUS SECT <b>N.A.</b>	17. OCCUPATION <b>N.A.</b>	18. AGE at the time of this birth (completed years) <b>N.A.</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N.A. N.A. N.A. N.A.</b>				
<b>MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>NOT APPLICABLE</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>12:38 A.M.</b> am/pm on the date of birth specified above.				
Signature  Name in Print <b>MARIA SOLEDAD T. MANOSUR</b> Title or Position <b>Medical Officer IV</b>		Address <b>SAMCH - BASAK, SAN NICOLAS CEBU CITY, CEBU</b> Date <b>MAY 28, 2022</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature  Name in Print <b>MAE CATHERINE Q. ALINABON</b> Relationship to the Child <b>Mother</b> Address <b>Sitio Cogon, Basak Pardo, Cebu City, Cebu</b> Date <b>May 28, 2022</b>		23. PREPARED BY Signature  Name in Print <b>JAMAILLE S. MANILA</b> Title or Position <b>Nurse I</b> Date <b>May 28, 2022</b>		
24. RECEIVED BY Signature  Name in Print <b>LUZ N. B. CUGAY</b> Title or Position <b>Administrative Aide III</b> Date <b>JUN 17 2022</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature  Name in Print <b>ATTY. EVANGELINE T. ABATAYO</b> Title or Position <b>CEBU CITY CIVIL REGISTRAR</b> Date <b>JUN 17 2022</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				



Polyclinics & Diagnostic Center, Inc.  
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
020-2273/266-3245  
alpha.ph

**ACEBEDO OPTICAL**  
**FREE EYE CHECK-UP**  
Ground floor, in front of  
~~IONO Gaming HUB~~  
RIGHT EYE: *28/25W*  
LEFT EYE:

Priority No.	002
SO No.	46352
S.O Date	05/28/2024
Terms	30 Days
Amount Due	P800.00

**SOLUTIONS**  
6000, Cebu City (Capital), Cebu

**PATIENT INFORMATION**

PATIENT ID : 100757  
 PATIENT NAME : ALINABON, MAE CATHERINE QUIJANO  
 PATIENT ADDRESS : Basak Pardo, Cebu City (Capital), Cebu  
 MOBILE NO. : 0969 514 5783  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



GENDER : Female  
 BIRTHDATE : 07/18/2004  
 AGE : 19  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	800.00	800.00

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

BIOMETRICS DONE  
DATE: *5/28/24*

**VALIDATED**  
VERIFIED BY:  
BY: \_\_\_\_\_

ACKNOWLEDGED BY:

PREPARED BY:  
Arissa Marie L. Armenion

Signature Over Printed Name

Signature Over Printed Name

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

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



**ALINABON, MAE CATHERINE QUIJANO**

SS Number: **06-450076-6**

**Your password will expire on Jul 23, 2024 | Your last login was on May 28, 2024 8:34:26 AM thru the SSS Website**

[HOME](#) [MEMBER INFO](#) [INQUIRY](#) [SERVICES](#) [PAYMENT REFERENCE NUMBER \(PRN\)](#) [LOGOUT](#)

## Member Details

### Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	APPLICATION THRU SSS WEB/MOBILE APP - WITH NO SUBMITTED DOCUMENT(S)
Membership Status :	TEMPORARY
Prior Registrant :	NO
Date of SS Number Issuance :	10/29/2022
Sex :	FEMALE
Reporting Date :	05-12-2023
Reporting ID :	80-0017891-8
Latest ER ID :	80-0017891-8
Latest ER Name :	LEADGEN CORPORATION
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	CEBU
TIN Number	