

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 122517212464
 Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

GENELZA, DIANNE CANTIVEROS

INAYAGAN, NAGA, CEBU 6037

Foreign Address : N/A Sex : Female
 Date of Birth : 01/28/2002
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000038031
 Name of Employer/Organized Group : IPLOY OPC
 Business Address : 16TH FLOOR ONE MONTAGE ARCHBISHOP REYES AVENUE, LUZ, CEBU CITY, CEBU
 Telephone Number : N/A
 Tax Identification Number : 484634961000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** 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 maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag 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.

6/7/2024 8:14:00 AM 20573417 20573417 / / 6/7/2024



Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primicarealpha.ph

SERVICE ORDER



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0015
SO No.	464673
S.O Date	06/10/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID :	101220	GENDER :	Female
PATIENT NAME :	GENELZA, DIANNE, CANTIVEROS	BIRTHDATE :	01/28/2002
PATIENT ADDRESS :	PUROK BUNGTURAN, Inayagan, City Of Naga, Cebu	AGE :	22
MOBILE NO. :	09070662129	CIVIL STATUS :	Single
EMAIL ADDRESS :	DIANNEGEBELZA@GMAIL.COM	SC/PWD ID :	
REQUESTING PHYSICIAN :		HMO CARD NO. :	
COMPANY/REFERRED BY :	IPLOY STAFFING SOLUTIONS	PATIENT STATUS :	FOR EMPLOYMENT
RESULT DELIVERY :	DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY FEME	1.00	800.00	800.00	TOTAL SALES 800.00
	+PE CHEST PAIN CBC, UA, SE				VARIABLE SALES 0.00
	DRUG TEST (NOTE: PLEASE COMPLETE THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				V-A-T 0.00
					SC/PWD DISCOUNT 0.00
					AMOUNT DUE 800.00

PREPARED BY:

Mitchie C. De Guzman

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

Signature Over Printed Name

Date Created: 06/10/2024 08:36 AM