



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

BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave. (Capital), Cebu
 09177097074 / 09171575430

WITH MENSES, PLEASE COME ON
 DATE SCHEDULED 3-3-25
 OTHERWISE YOU WILL HAVE TO
 PAY P



SERVICE ORDER

Priority No.	0024
SO No.	491353
S.O Date	02/25/2025
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 120935
PATIENT NAME : CAANG, JANE ASHLEY, SALAPI
PATIENT ADDRESS : Busay (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 0926 662 9859
EMAIL ADDRESS : janeashleycaang@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 03/08/1997
AGE : 27
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

Prime CARE ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST XRAY, CBC, UA, SEVERAL DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	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: 25 FEB 2025

PREPARED BY:

Juvelyn M. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

Signature Over Printed Name

Date Created: 02/25/2025 08:30 AM

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 tests and services.

**** THIS DOCUMENT IS NOT VALID FOR INSURANCE CLAIM ****