SERVICE CONTRACT AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This **SERVICE CONTRACT AGREEMENT** made and entered into by and between:

PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC), a government owned and controlled corporation duly registered, organized and existing under Philippine laws with office address at Valgosons Building Bolton Extension, Davao City, Philippines, herein represented by its Regional Vice President, MR. DENNIS B. ADRE, hereinafter referred to as the "CLIENT".

And

Malta Medical Center, Inc. (MMC, Inc.), a corporation duly organized and existing under the laws of the Republic of the Philippines with postal address at Km. 14 Mac Arthur Highway, Toril, Davao City, Philippines, herein represented by its Hospital Administrator, MS. Rosanne A. Camarao, R.N, hereinafter referred to as the "HOSPITAL";

WITHNESSETH:

1. That the HOSPITAL shall provide the CLIENT with the following services:

Physical Examination (Complete P.E with Sensory Motor), Chest X-Ray, CBC, Urinalysis, Pap's Smear (Females Only), Digital Rectal Examination (Males 50 years & above), ECG, Fecalysis, Lipid Profile, Creatinine, Uric Acid, Mammography or Breast Ultrasound, Fecalysis w/ Occult Blood, HBA1C, PSA/CEA, Pelvic Ultrasound, SGPT & Dental Examination.

- That the CLIENT shall pay the HOSPITAL the amount of Four Hundred Twenty Thousand Seven Hundred & 00/100 (P 420,700.00) Pesos Only for the work completed as specified in item No. 1 of this contract.
- 3. However, for services specified in item *No.* 1 of this contract that were not rendered, the same shall not be charged to the **CLIENT** and shall be deducted to the total contract price specified in item *No.* 2 of this contract.
- That this SERVICE CONTRACT AGREEMENT shall be in full force and effect upon signing of this contract.

IN WITNESS WHEREOF, the parties hereto have signed this contract of this ____ day of ______ 2 3 2013 at Davao City, Philippines.

PHIL. HEALTH INSURANCE CORPORATION

MALTA MEDICAL CENTER, INC.

By:

DENN'S B. ADRE

Regional Vice President
Philhealth Regional Office XI

ROSANNE A. CAMARAO, RN

By:

Hospital Administrator Malta Medical Center, Inc.

Signed in the Presence:

REPUBL	IC OF THE	PHILIPPINES)
CITY	OF	DAVAO) S.S
X		

ACKNOWLEDGEMENT

BEFORE ME, a Notary Public for and in the City of Davao, Philippines, this 12 2013 2013 appeared MR. DENNIS B. ADRE, Regional Vice President of Philippine Health Insurance Corporation Regional Office XI, exhibiting his BIR T.I.N 118-141-276 as competent proof of identity, known to me and to me known to be the same person who executed the foregoing instrument, and he acknowledged to me that the same is his free and voluntary act and deed.

This Instrument consists of <u>2</u> pages including the page hereof whereon this Acknowledgement is written, is signed by the parties and the witnesses.

IN TESTIMONY WHEREOF, I have hereunto signed and affixed my notarial seal on the date and the place first above written

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Book No. 5eries of 2013

MARIA PRIMOTISA C. CUITO
UNTIL DECEMBER 81, 1213
ROTARIA: CIRCIDSCION SERIAL NEGRO-1218
PTR Nº 2468705 NTD 4/7/18, 1219
ISP Nº 512777 DTD 1/7/18, DAVAU LITT
TIN Nº 515-516-752
ROLL Nº 54831

REPUBLIC OF THE PHILIPPINES)
CITY OF DAVAO) S.S

ACKNOWLEDGEMENT

BEFORE ME, a Notary Public for and in the City/Municipality of Philippines, this 1 2 3 7013, 2013 appeared MS. ROSANNE A. CAMARAO, R.N., Hospital Administrator of Malta Medical Center, Inc., exhibiting her ID No. 10 10 10 2 160 as competent proof of identity, known to me and to me known to be the same person who executed the foregoing instrument, and she acknowledged to me that the same is her free and voluntary act and deed.

This Instrument consists of 2 pages including the page hereof whereon this Acknowledgement is written, is signed by the parties and the witnesses.

IN TESTIMONY WHEREOF, I have hereunto signed and affixed my notarial seal on the date and the place first above written

Intrauliste

GBBBFREDA II. BUREISTES III