

SERVICES CONTRACT AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This **SERVICES 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 R.C Reyes Building Quimpo Blvd. Matina, 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. (MMCI), 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, Mrs. Rosanne A. Camarao, R.N.**, hereinafter referred to as the "**HOSPITAL**";

WITNESSETH:

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

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

2. That the **CLIENT** shall pay the **HOSPITAL** the amount of **Three Hundred Ninety Nine Thousand Nine Hundred Ninety & 00/100 (P 399,990.00) 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.
4. That this **SERVICES 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 _____ 2011 at Davao City, Philippines.

PHIL. HEALTH INSURANCE CORPORATION

MALTA MEDICAL CENTER, INC.

By:

By:


DENNIS B. ADRE

Regional Vice President
Philhealth Regional Office XI
Philhealth No. _____


ROSANNE A. CAMARAO

Hospital Administrator
Malta Medical Center, Inc.
Philhealth Accre. No. _____
PRC ID # 0181055

Signed in the Presence:


HECTOR P. MALATE, M.D

Division Chief IV
Philhealth No. _____
PRC ID # 86985


JOAN A. BAUTISTA

Human Resource Manager
SSS No. 09-2187713-4


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

ACKNOWLEDGEMENT

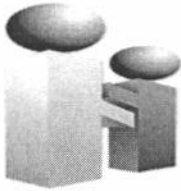
BEFORE ME, a Notary Public for and in City of DAVAO this day of JAN 27 2012, 2011, personally appeared:

Name	ID No.	Date & Place of Issue
DENNIS B. ADRE		
ROSANNE A. CAMARAO	PRC ID # 0181058	9/66/11 MANILA
HECTOR P. MALATE, M.D	PRC ID NO. 86683	2/28/97 AKWIVA
JO-ANN A. BAUTISTA	SSS ID # 09-2187713-4	

WITNESS MY HAND SEAL on the date and place first above - written.


ARNEIL B. SUBIDO
Notary Public
Notarial Commission expires on December 31, 2012
Notarial Commission Serial No. 206-2011
Roll of Attorneys No. 56215
PTR No. 1135290 dtd Jan. 05, 2012 Davao City
IBP No. 870886 dtd Jan. 10, 2012 Davao City
Door 1, Jones Bldg., Quimpe Blvd., Davao City

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Series of 2012



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE – XI
BIDS AND AWARDS COMMITTEE
Karpentrade Bldg., Mc Arthur Highway, Matina, Davao City
Healthline 298-3000
www.philhealth.gov.ph



NOTICE OF AWARD

November 10, 2011

ROSANNE A. CAMARAO, R.N
Hospital Administrator
Malta Medical Center, Inc.
Km. 14 Mc. Arthur Highway,
Toril, Davao City

Dear Ms. Camarao:

We are happy to inform you that your Bid dated November 3, 2011 for the **Procurement of Services (Periodic Health Examination C.Y 2011 for Philhealth Regular Employees)**, for the Contract Price of equivalent to Three Hundred Ninety Nine Thousand Nine Hundred Ninety and 00/100 (P 399,990.00) Pesos Only, as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

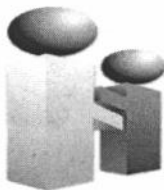
You are hereby required to provide within ten (10) days from receipt hereof the performance security in the form and the amount stipulated in the Instructions to the Bidders. Failure to provide the security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

DENNIS B. ADRE
Regional Vice-President
PhilHealth Regional Office XI

Conforme:

MMC, Inc. Representative : ARUE CHINERO
Date : 1-9-12



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE – XI
Bids and Awards Committee
Karpentrade Building Mc Arthur Highway, Matina, Davao City
Telephone Number 299-3731/299-2075
www.philhealth.gov.ph



NOTICE TO PROCEED

February 8, 2012

ROSANNE A. CAMARAO, R.N
Hospital Administrator
Malta Medical Center, Inc.
Km. 14, Mc Arthur Highway, Toril, Davao City
Tel. Number 291-4188


Dear Ms. Camarao:

The attached Contract Agreement having been approved, notice is hereby given to **Malta Medical Center, Inc.** that work may commence on the **Procurement of Services (Periodic Health Examination C.Y 2011)**, effective on **February 22, 2012**.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementing schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provide below. Keep one copy and return the other to the **Philippine Health Insurance Corporation Regional Office XI (PhRO XI)**.

Very truly yours,


DENNIS B. ADRE
Regional Vice President
Philhealth Regional Office XI

I acknowledge receipt of this Notice on
Name of the Representative of the Bidder
Authorized Signature

: 2-08-12
: ADRE Camarao
: 