

ALF MEDICAL CENTER
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FAX NO. : 045 625 2967

Apr. 12 2013 04:33AM

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FAX NO. :

12 Apr. 2013 14:55 P

13-04-01



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Regional Health Insurance Office - REGION III
2F 168 Philippine Bldg. Luzon Bldg. San Agustin San Fernando, Pampanga
Telephone (HJ) 462-7121 / 462-7141



NOTICE TO PROCEED

MS. MARILYN G. SOTO
Revenue & Cost Officer
ALF Medical Center
Angelas City

Dear Ma'am:

With the execution of our Contract Agreement, notice is hereby given to you to proceed with providing PhilHealth Regional Office No. III the Procurement of Services for the Annual Physical Examination of Regular PRO III Employees with a contract price of Three Hundred Thousand Pesos only (Php 300,000.00)

Upon receipt of this notice, you shall be responsible for complying with the Terms and Conditions of our Contract Agreement.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Philippine Health Insurance Corporation -Regional Office No. 3.

Approved By:

RODOLFO M. BALOG
Vice President
PhilHealth Regional Office No. 3

I acknowledge receipt of this notice on Apr. 12, 2013

4/12/13

MS. MARILYN G. SOTO
Revenue & Cost Officer
ALF Medical Center
Angelas City

NOTED BY:

MR. LAUREANO G. SANTOS
VP Admin & Finance