

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 Valgosons Building, Bolton Extension, Davao City, Philippines, herein represented by its **Regional Vice President, 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 Mc. Arthur Highway, Toril, Davao City, Philippines, herein represented by its **Hospital Administrator, 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, Consultation & Results Interpretation), Chest X-Ray (Chest Pa View with CD Result), Complete Blood Count (CBC), Urinalysis, ECG, Fecalalysis, Lipid Profile, Creatinine, Uric Acid, SGPT, HBA1C, Digital Rectal Exam, Mammography or Breast Ultrasound, Fecalalysis with Occult Blood, PSA, Pelvic Ultrasound, Pap Smear (for Female Only), Dental Exam and Dental Prophylaxis for all Philhealth Regional Office regular employees.

2. That the **CLIENT** shall pay to the **HOSPITAL** the amount of **Four Hundred Sixty Eight Thousand Eight Hundred Five & 00/100 (P 468,805.00) 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 _____ 2016 at Davao City, Philippines.

PHIL. HEALTH INSURANCE CORPORATION

By:


DENNIS B. ADRE

Regional Vice President
Philhealth Regional Office XI

MALTA MEDICAL CENTER, INC.

By:


ROSANNE A. CAMARAO, R.N.

Hospital Administrator
Malta Medical Center, Inc.

Signed in the Presence:


HECTOR P. MALATE, M.D

Division Chief IV
Head, HCDMD


JOAN A. BAUTISTA

Human Resource Manager

REPUBLIC OF THE PHILIPPINES)
CITY OF DAVAO) S.S
X-----/

ACKNOWLEDGEMENT

BEFORE ME, a Notary Public for and in the City of Davao, Philippines, this 2 March, 2016 appeared **DENNIS B. ADRE**, Regional Vice President of Philippine Health Insurance Corporation Regional Office XI, exhibiting his **B.I.R. 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 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

Doc. No. 463;
Page No. 93;
Book No. 3;
Series of 2016

Suzette B. Balucanag-Punay
ATTY. SUZETTE B. BALUCANAG-PUNAY, CPA
Door 4 Babao Bldg. San Pedro St., Davao City
Notary Public for Davao City until Dec. 31, 2016
Serial No. 125-2015
Roll No. 58895
PTR No. 6825759 - 01-04-2016
IBP No. 1021007 - 01-04-2016
TIN 941-286-889

REPUBLIC OF THE PHILIPPINES)
CITY OF DAVAO) S.S
X-----/

ACKNOWLEDGEMENT

BEFORE ME, a Notary Public for and in the City of Davao, Philippines, this 10 7 MAR 2016, 2016 appeared **ROSANNE A. CAMARAO, R.N.** exhibiting her **B.I.R. T.I.N. 006-047-218** as competent proof of identity, known to me and to me known to be the same person who executed the foregoing instrument, and he/she acknowledged to me that the same is his/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

Doc. No. 39;
Page No. 64;
Book No. LXVI;
Series of 2016

Godofredo M. Duremdez III
GODOFREDO M. DUREMDEZ III
NOTARY PUBLIC FOR DAVAO CITY
COMMISSION NO 056-2015 UNTIL 2016 \ ROLL OF ATTY. 40454
IBPN 09893 \ 8 01-04-16 \ PTR NO 6825659 \ 01-04-16
MCLE NO IV-0015456 \ 4-3-13
4 \ FAMYA 3BLD6.. QUIMPO BLVD. TULIP DRIVE ECOLAND
DAVAO CITY