



**PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI**

Valgosons Building, Bolton Extension, Poblacion, Davao City
Call Center: (02) 441-7442 Trunkline: (082) 295-2133 local 6300
Telephone Number 295-3382 www.philhealth.gov.ph



PURCHASE ORDER

Supplier: ANDA RIVERVIEW MEDICAL CENTER, INC.	PO NO. 21-11-205
Address: A. Pichon (formerly Magallanes) Street, Davao City	PO Date: November 19, 2021
Contact No. (082) 221-0808, 226-3990, 305-0990	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 409-345-585-000	Mode of Procurement: Public Bidding

Please Deliver to this Office within 30 calendar days from Receipt hereof the following:

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
2110-06-09	1	279	pax	Annual Physical Health Examination of PRO XI Casual and Casual Employees Complete P.E		
		279		Visual Acuity	600.00	167,400.00
		279		Neuro-Psychiatric Exam		
		279		Chest X-Ray	320.00	89,280.00
		279		Complete Blood Count	210.00	58,590.00
		279		Urinalysis	60.00	16,740.00
		279		Fecalysis	60.00	16,740.00
		279		Electrocardiogram (ECG)	360.00	100,440.00
		279		ABO & RH Blood Typing	160.00	44,640.00
		279		Fasting Blood Sugar	180.00	50,220.00
		279		Lipid Profile Test	800.00	223,200.00
		279		Serum Creatinine	250.00	69,750.00
		279		Serum Uric Acid	250.00	69,750.00
		279		BUN	290.00	80,910.00
		279		SGPT	265.00	73,935.00
		60		Pap Smear (Female only)	1,200.00	72,000.00
		55		Mammography (Female, 40 up)	5,200.00	286,000.00
		279		Anti-Tetanus Vaccine	300.00	83,700.00
		279		Pneumococcal Vaccine	4,700.00	1,311,300.00
		269		Mandatory Drug Test	380.00	102,220.00
2110-06-09	2	269	pax	TOTAL		2,916,815.00
Posted in PhilGeps: October 15, 2021						

Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages
- Render your bills in triplicate copies including the original.
- If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.
- For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Prepared by: SHARON H. BURNAIZ Social Insurance Assistant I	PRO XI Budget FY 2021 BRO No. XI-21-811-48 / XI-21-791-47 Charged to: MODE/PHOX BRO Exp. Code Amount 5029999006 2,916,815	Recommending Approval: AILEAN G. OPOL FC IV / Acting - MSD Head	Approved by: CHERYL F. ARACAN Acting Regional Vice President
Very truly yours, GARY S. VELAYO AO IV / Head - Admin Services Section	MARIE SHARON D. TABSING Budget Officer		
Received copy of P.O. on _____	Received by: KESLEY ROSE ASTURIAS	Conformed: KESLEY ROSE ASTURIAS Supplier/Representative	Date 12/3/21