***Annex G3: List of Admitted Patients***

*Name of Provider:* _____ *Applicable Month :* _____

*PhilHealth Accreditati* _____

| *PIN* | *Patient Name (Last, First and Middle Name)* | *Membership Category (Member or Dependent)* | *Date of Birth (mm/dd/yyyy)* | *Address* | *Date of Admission (mm/dd/yyyy)* | *Date of Discharge (mm/dd/yyyy)* |
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*Prepared by:* _____

*Approved by:* _____

*NOTE: Please email to your concerned PhilHealth Regional Office (PRO).*