
 PHILHEALTH ONLINE ACCESS FORM Revised POAForm No. 001, August 2012		Series No.	Date
Name of Accredited Collecting Agent (ACA)		PhilHealth Employer Number (PEN)	
Business Address	Philippine Standard and Geographic Coding (PSGC)	Division Code	Station Code
Name and Signature of Head of Office	Position	Email Address	Telephone No./Mobile No.
Name of ACA's Authorized Representative (AAR)	Position of AAR	Email Address	Mobile No
		AAR Company/Agency ID No.	Telephone No.
<i>To be filled out by PhilHealth</i>			
Registration Date	Regional/Branch Office	LHIO	Orientation Date
Processed Date	Processed by	System to be Accessed	Role Assigned

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