**ANNEX G p2**

(*of PC 2017-0020*)

LGU OFFICIAL LETTERHEAD

(Mailing Address, Email Address)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR LGU OWNED HCIs**

**Sir/Madame:**

**The listed HCIs are under the LGUs jurisdiction, all PhilHealth benefit payment of the listed HCIs shall be credited to the LGUs account.**

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| **HCI Name** | **PhilHealth Accreditation Number** | **Address** |
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**\*Use separate sheet if necessary**

**Signed**

**(Signature over Printed Name of Local Chief Executive)**