



LETTER OF INTENT
 For PRevEnTS Fund

 Date

 PhiHealth Regional Vice President
 Address

Attention: Head, Health Care Delivery Management Division

I, _____, _____ of _____
 _____, with address at _____ would like to
 avail of the PhilHealth PRevEnTS fund as per PhilHealth Circ No. ____ s. 2013 for the following
 trainings of our PCB1 provider personnel:

Name of Training	Name of Trainors	Name of PCB1 provider staff

I have read PhilHealth Circular No. ____ s. 2013 and fully agree with the conditions set in availing the PRevEnTS Fund.

 (CHO/MHO/Head of Facility)

