



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office VI
Local Health Insurance Office - Antique
Edel's Commercial Building, Dr. Delfin Encarnacion Avenue
Barangay 1, San Jose, Antique
(036) 540-7844 www.philhealth.gov.ph
PhilHealth Region VI teamphilhealth

REQUEST FOR QUOTATION

Date: _____
PR No. 0251-2025

Company Name: _____
Address: _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the **return envelope duly SEALED**, attached herewith. Please submit to Philhealth Antique Local Health Insurance Office, St. Nicholas Commercial Building, T.A. Fornier St., San Jose, Antique

CAMILLE ABRAHAM LIMA
Official Canvasser

NOTE: ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY					
1. APPROVED BUDGET FOR THE CONTRACT (ABC) IS _____					
2. PRICE VALIDITY PERIOD: 90 CALENDAR DAYS					
3. DELIVERY PERIOD: Within 2 weeks upon receipt of PO					
4. TERMS OF PAYMENT: 30 days					
5. A. WARRANTY FOR SUPPLIES: N/A					
B. WARRANTY FOR EQUIPMENT: N/A					
6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED					
ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL AMOUNT
	PROCUREMENT FOR PERIODIC HEALTH EXAMINATION FOR CY 2025 FOR PHILHEALTH REGULAR & CASUAL EMPLOYEES IN LHIO ANTIQUE (INCLUDING PCARES)	1	LOT		
1	Complete Physical Examination (PE) with Motor & Sensory Assessment (inclusive of laboratory examinations interpretations)	16	pax		
2	Complete Blood Count (CBC) with actual platelet count	16	pax		
3	Urinalysis	16	pax		
4	Chest X-ray (PA, filmless chest x-ray machine, preferably)	16	pax		
5	Lipid Profile	16	pax		
6	ECG	16	pax		
7	Visual Acuity	3	pax		
8	PAP Smear	6	pax		
9	FBS	16	pax		
10	Serum Creatinine	16	pax		
11	BUN	7	pax		
12	Uric Acid	7	pax		
13	Potassium	9	pax		
14	SGPT	16	pax		
15	SGOT	10	pax		
16	HBA1C	9	pax		
17	Total Prostate Serum Antigen	2	pax		
18	Fecalysis with Occult Blood Test	5	pax		
19	Breast Ultrasound	5	pax		
20	Mammography	1	pax		
21	Whole Abdominal Ultrasound	13	pax		
	- Nothing Follows -				
Please See attached TOR		TOTAL			

Delivery Period: _____
Warranty: _____
Price Validity: 90 Calendar days
Terms of Payment: _____

After having carefully read all the provisions/ conditions provided above, I hereby comply, accept and quote you on the item at prices noted above.

COMPANY NAME
Printed Name & Signature
Address
Date

