ValuCare
Quality HealthCare With Compassion

LETTER OF AUTHORIZATION APPROVAL REQUEST FORM

NAME:		BDAY:	AGE:	SEX/STATUS:
ACCOUNT NO:		ACCOUNT NAME:		
DATE OF ADMISSION: DATE OF DISCHARGE:	TIME:	ROUTE OF ADMISSION: Elective: Emergency:		
NATURE OF ADMISSION: Natural: ☐ Medico-Legal: ☐ Vehicular: ☐	HOSPITAL:	RM NO:	Rm Rate/Category:	
ATTENDING PHYSICIAN:		SPECIALTY:		
REFERRAL CONSULTANT/S:		SPECIALTY:		

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL HISTORY:

PERTINENT PHYSICAL FINDINGS:

ADMITTING DIAGNOSIS: Is the disease Congenital? ( ) Yes ( ) No Is this a Chronic Disease ( ) Yes ( ) No	Expected No of Hosp days:

PLAN OF MANAGEMENT / DISCHARGE PLAN:

REMARKS:

SIGNATURE OF ATTENDING PHYSICIAN: _____ DATE: _____

FOR VALUCARE USE ONLY STATUS REPORT

Effectivity Date:	Expiry Date:	Membership Status:
Plan:	PEC: Covered Not Required	Collectible:
MCB: Approved by:	PHIC: Required Not Required	Utilization:
Waiver:	Maternity:	Congenital:

ERB: Incremental Charges: PF:	**Total Hosp Bill:** Philhealth Portion: Prof Fee VC Rate:
REMARKS:	**LOA NUMBER:** ISSUED BY:

In Patient Coordinator	Hosp. Liaison In-charge	Section Supervisor	Medical Director

Units 607-613, 6th Flr. East Tower, Philippine Stock Exchange Center, Exchange Rd., Ortigas Center, Pasig City
Trunklines: (02)702-3310 (Medical Services) (02)702-3388 (Other Departments); Fax No.: (02)637-9456; E-mail: wecare@valucare.com.ph