


**REQUIREMENTS CHECKLIST AND ASSESSMENT FOR MEDICAL ASSISTANCE - FINANCIAL (QF/MAYORS/A008/0)**

	QF/MAYORS/A008/0	
	CITY GOVERNMENT OF MUNTINLUPA OFFICE OF THE MAYOR	
<b><u>REQUIREMENTS CHECKLIST AND ASSESSMENT FOR MEDICAL ASSISTANCE (FINANCIAL)</u></b>		
PLEASE CHECK SUBMITTED DOCUMENTS:	ORIGINAL	CERTIFIED TRUE COPY
1. Accomplished PAKAY REQUEST form		
2. Valid ID of Requestor		
Valid ID of Patient		
3. Cedula of requestor (latest)		
4. Medical Certificate of patient (latest)		
Clinical Abstract of patient (latest)		
5. OTHERS (latest/issued not later than 3 months):		
Hospital Billing Statement		
Prescription		
Laboratory Request		
Medical Procedure or Quotation		
6. Certificate of Indigency of requestor/patient (latest)		
<b>NAME OF REQUESTOR:</b>		
<b>NAME OF PATIENT:</b>		
<b>REMARKS</b> (Please indicate medical condition, request and procedure):		
<b>RECOMMENDATION:</b>		
<b>ASSESSED BY:</b>	<b>DATE:</b>	
(Print name & signature)		

ATTACH THIS FORM TO ALL PAKAY - FA REQUEST