

REQUIREMENTS FOR MEDICAL ASSISTANCE - FINANCIAL
(QF/MAYORS/B001/0)



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CITY GOVERNMENT OF MUNTINLUPA
OFFICE OF THE MAYOR

REQUIREMENTS FOR MEDICAL ASSISTANCE (FINANCIAL)

1. Accomplished PAKAY REQUEST form (QF/Mayors/A0001/0)
- **1 original**
2. Valid ID of patient and/or requestor (as proof of identity and residential address) - **1 original and 1 photocopy**
UMID/Voter's ID/Postal ID/Driver's License/OSCA ID/Philhealth ID/Barangay ID/BIR or TIN ID/School ID (must be validated for the current school year)
3. Cedula of requestor (latest) - **1 original and 1 photocopy**
4. Medical Certificate or Clinical Abstract of patient (latest)
- **1 original and 1 photocopy**
5. Hospital Billing Statement/ Prescription/ Laboratory Request/ Medical Procedures or Quotation (latest/issued not later than 3 months) - **1 original and 1 photocopy**
6. Barangay Certificate of Indigency of requestor - **1 original**

Submit to: *PAKAY SECTION of MAYOR'S OFFICE*
2nd Floor, Main Building, Cityhall of Muntinlupa

Telephone No.: *(8)862 6577 / (8)862 2525 local 217*