



# MEDICAL ASSISTANCE APPLICATION FORM

<b>Application Date:</b>	<b>Type of Assistance:</b>	<b>Record No.</b>
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**Terms and Conditions:**

- I certify that the information given above is true and correct.
- Pursuant to the Data Privacy Act of 2021 (Republic Act 10173), I hereby give and grant my express and informed consent to AGRI Party-list, including its personal information personnel/ processor to process my personal and sensitive personal information contained in this form and in documents submitted for my membership application to verify my identity, and to process my application.
- I agree that AGRI may share, transmit, disclose and transfer said information to the government and/or other government instrumentalities for purposes of complying with the reportorial requirements provided by law and/or regulations in relation to my membership to this organization.
- I understand that I can only avail of the medical assistance every six (6) months from my last availment.

## Patient's Information

Name of Patient	FIRST NAME	MIDDLE NAME	LAST NAME
Date of Birth	MONTH, DAY, YEAR	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address			
Other Details	EDUCATIONAL ATTAINMENT	OCCUPATION	FAMILY MONTHLY INCOME
MEDICAL HISTORY	DIAGNOSIS		
	HOSPITAL NAME		

<b>PATIENT'S SIGNATURE OVER PRINTED NAME</b>

## Details of Authorized Representative/ Guardian:

Name of Authorized Representative/ Guardian:	FIRST NAME	MIDDLE NAME	LAST NAME
Relationship to the Patient	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Information	CONTACT NUMBER	EMAIL	Signature over Printed Name

----- *TO BE ACCOMPLISHED BY AGRI PARTY-LIST AUTHORIZED PERSONNEL* -----

## Assessment Result

<input checked="" type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>
Remarks:	Remarks:

Recommending Approval:	Approved by:
<i>SIGNATURE OVER PRINTED NAME</i>	<i>SIGNATURE OVER PRINTED NAME</i>

## Reminders

- Hindi po namin maipo-proseso ang inyong application kapag hindi ito nasagutan ng maayos, kulang ng impormasyon, at kulang ang mga requirements.
- Makakakuha lamang po kayo ng medical assistance once every six (6) months mula sa huling availment.
- Paumanhin po kung hindi agad mai-proseso ang inyong application. Ito po ay dahil sa dami ng bilang ng mga request na natatanggap ng aming opisina.
- Para sa nais mag follow-up, kayo po ay maaring tumawag sa **0948-311-1111** or mag e-mail sa **info@agripartylist.com**

## A. Requirements for Brachy Therapy, Chemotherapy, Dialysis, Hospital Bill, Implant, Radiation Therapy, Surgery and Transplant

### A.1 Basic Requirements

<input type="checkbox"/> AGRI Medical Assistance Application Form	Nasagutan ng kumpleto at maayos. Pirmado ng pasyente at ng authorized representative/guardian (if necessary).
<input type="checkbox"/> Barangay Certificate of Indigency	Dapat ay pirmado ito ng Brgy. Captain. Ang petsang nakasaad at hindi dapat lalagpas ng isang (1) taon sa araw ng assessment.
<input type="checkbox"/> Social Case Study (optional)	Ang petsang nakasaad at hindi dapat lalagpas ng isang (1) taon sa araw ng assessment.
<input type="checkbox"/> Referral Letter from Hospital or Dialysis Center	Nakasaad na tumatanggap sila ng Guarantee Letter at ang bank account details (bank name, account name and bank account number)
<input type="checkbox"/> Medical Records	Clinical Abstract or Medical Certificate [1. Nakalagay dapat ang kumpletong pangalan, lisensya at pirma ng doctor. 2. Ang petsang nakasaad at hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.]
<input type="checkbox"/> Patient's Valid ID (front and back)	
<input type="checkbox"/> Authorized Representative or Guardian's Valid ID (front and back)	

### A.2 Additional Requirements

#### A.2.1 Chemotherapy, Radiation Therapy, Brachy Therapy, and Radio-Iodine Therapy

<input type="checkbox"/> Treatment Protocol	Nakalagay ang cost breakdown, kumpletong pangalan at lisensya ng doctor, ang petsa ng protocol ay hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.
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#### A.2.2 Dialysis

<input type="checkbox"/> Dialysis Quotation	Nindi kasama ang presyo ng dialyzer and PF, nakalagay ang kumpletong pangalan at lisensya ng doctor, ang petsa ng quotation ay hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.
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#### A.2.3 Implant/ Medical Device

<input type="checkbox"/> Supplier Quotation	Nakalagay ang kumpletong pangalan at pirma ng authorized representative, ang petsa ng quotation ay hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.
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#### A.2.3 Hospital Bill/ Operation

<input type="checkbox"/> Estimated Cost ng Operation	Nakalagay ang kumpletong pangalan at lisensya ng doctor, ang petsa ng dokumento ay hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.
<input type="checkbox"/> Hospitalization - Confined	Pinakabagong Billing o Statement of Account (SOA). Ito ay dapat pirmado ng representative ng pasyente, at hospital billing or accounting officer.
<input type="checkbox"/> Hospitalization - Discharged	Pinakabagong Billing o Statement of Account (SOA) at Promissory Note (Hospital Bill). Ito ay dapat pirmado ng representative ng pasyente, at hospital billing or accounting officer, or credit and collection officer.

## B. Requirements for Diagnostic Procedure, Laboratory, Medicine, Therapy

### B.1 Basic Requirements

<input type="checkbox"/> AGRI Medical Assistance Application Form	Nasagutan ng kumpleto at maayos. Pirmado ng pasyente at ng authorized representative/guardian (if necessary).
<input type="checkbox"/> Barangay Certificate of Indigency	Dapat ay pirmado ito ng Brgy. Captain. Ang petsang nakasaad at hindi dapat lalagpas ng isang (1) taon sa araw ng assessment.
<input type="checkbox"/> Social Case Study (optional)	Ang petsang nakasaad at hindi dapat lalagpas ng isang (1) taon sa araw ng assessment.
<input type="checkbox"/> Referral Letter from Hospital or Dialysis Center	Nakasaad na tumatanggap sila ng Guarantee Letter at ang bank account details (bank name, account name and bank account number)
<input type="checkbox"/> Medical Records	Clinical Abstract or Medical Certificate [1. Nakalagay dapat ang kumpletong pangalan, lisensya at pirma ng doctor. 2. Ang petsang nakasaad at hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.]
<input type="checkbox"/> Patient's Valid ID (front and back)	
<input type="checkbox"/> Authorized Representative or Guardian's Valid ID (front and back)	

### B.2 Additional Requirements

#### B.2.1 Medicines

<input type="checkbox"/> Pinakabagong Reseta	nakalagay ang petsa ng reseta, kumpletong pangalan at lisensya ng doctor.
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#### B.2.2 Diagnostic Procedure, Laboratory, Therapy (Physical, Occupational, Speech, and Phatotherapy)

<input type="checkbox"/> Laboratory Request	Nakalagay ang kumpletong pangalan at lisensya ng doctor, ang petsa ng dokumento ay hindi dapat lalagpas ng anim (6) na buwan sa araw ng assessment.
<input type="checkbox"/> Quotation	Galing sa ospital or diagnostic center kung saan gaawin ang laboratory o procedure, pirmado dapat ng authorized staff ng ospital.

## C. Valid IDs (hindi dapat expired sa araw ng application or interview)

1. Driver's License	6. PRC ID	11. UMID/ GSIS or SSS ID	16. Barangay ID	Para sa menor de edad na pasyente
2. NBI License	7. PWD ID	12. Voter's Certification/ ID	17. National ID	1. Registered Birth Certificate
3. Passport	8. Senior Citizen ID	13. 4Ps ID		2. School ID (currently enrolled)
4. PhilHealth ID	9. Solo Parent ID	14. Postal ID		3. Barangay ID
5. Police Clearance/ ID	10. TIN ID	15. Company ID		4. Service Issue Card