

HealthCare Management Information System

Authority to Deduct



Integrated HealthCare



Home



Letter of Authorization



Reimbursement Request



Enrollment



Authority To Deduct



MBL Balance



Previous Record <

- Select Authority to Deduct Menu

Authority to Deduct Dashboard

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Member Name MARK ANTHONY HETROSA
Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY
Member Status Principal

Member Information

Member Id 211

Firstname MARK ANTHONY **Lastname** HETROSA **JOE**

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Sex Female Male **Date of birth**

Place of Birth

Nationality **Religion**

PhilHealth **Blood Type**

Contact No. **Civil Status** Single

Enrollment Status Enroll

Authority to Deduct No Authorization

Authorize to Deduct

Status of Authority to Deduct

Dependents Enrollment Status

Enrolled Dependent

Show 10 entries

Member ID	Name	Sex	Birthday	Age	Address	Civil Status	Relationship	PhilHealth	Enrollment Status
832	HETROSA,	Female	2022-11-20	1	DIGOS CITY, DAVAO DEL SUR	Single	CHILDREN		Enrolled
718	HETROSA,	Female	1983-01-25	31	DIGOS CITY	Married	SPOUSE		Enrolled

Showing 1 to 2 of 2 entries

Authority to Deduct

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Member Name MARK ANTHONY HETROSA

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Member Status Principal

Member Information

Member Id 211

Firstname MARK ANTHONY

Lastname HETROSA

JORE

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Sex Female Male

Date of birth 09/06/1987

Place of Birth KIDAPAWAN CITY

Nationality FILIPINO

Religion ROMAN CATHOLIC

PhilHealth 17-050183989-5

Blood Type O

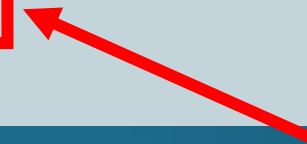
Contact No. 09071772580

Civil Status Single

Enrollment Status Enroll

Authority to Deduct

- No Authorization
- No Authorization
- Authorize



Select Authorize from the Drop Down



Member Information

Member Id	<input type="text" value="211"/>		
Firstname	<input type="text" value="MARKANTHONY"/>	Lastname	<input type="text" value="HETROSA"/>
Address	<input type="text" value="BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY"/>		
Sex	<input type="radio"/> Female <input checked="" type="radio"/> Male	Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>		
Nationality	<input type="text"/>	Religion	<input type="text"/>
PhilHealth	<input type="text"/>	Blood Type	<input type="text"/>
Contact No.	<input type="text"/>		
Enrollment Status	<input type="text" value="Enroll"/>		
Authority to Deduct	<input type="text" value="Authorize"/>		

Member Name MARKANTHONY HETROSA

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Member Status Principal

Authorize to Deduct

Steps

1. Click Authorize to Deduct



Authority to Deduct has been updated!

Home / Authority to Deduct / view



Member Name MARK ANTHONY HETROSA

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Member Status Principal

Member Information

Member Id	211		
Firstname	MARK ANTHONY	Lastname	HETROSA
Address			
Sex	<input type="radio"/> Female <input checked="" type="radio"/> Male	Date of birth	<input type="text"/>
Place of Birth			
Nationality	<input type="text"/>	Religion	<input type="text"/>
PhilHealth	<input type="text"/>	Blood Type	<input type="text" value="O"/>
Contact No.	<input type="text"/>	Civil Status	<input type="text"/>
Enrollment Status	Enroll <input type="text"/>		
Authority to Deduct	Authorize <input type="text"/>		

Authorize to Deduct

PRINT 

Steps

1. Print Button will display
2. Click to Generate Authority to Deduct Form
3. Print Authority to Deduct Form and Kindly Sign the Documents and Submit

