


ANNEX A

 PHILHEALTH ONLINE ACCESS FORM (POAF) Form No. 002		NO. 001	Registration Date January 1, 2011
Name of Accredited Institutional Health Care Provider Quezon City Community Clinic		PhilHealth Accreditation Number Abc1234567	
Business Address West Fairview, Commonwealth, Quezon City			
User Profile			
Complete Name Shanelle Bernardino		Signature	
Position IT Officer	Email address jayb@yahoo.com	Mobile No. 0999-1234567	
Approved by: Medical Administrator Ignacio Verdolaga		Date Signed October 11, 2011	
To be filled-out by PhilHealth			
Installation Date	Regional / Branch Office	Email address	
Username	Password		
Processed by	Signature	Date Processed	
Approved by	Signature	Date Signed	
Institutional Confirmation			
Confirmed by: Medical Director/Administrator/Authorized Representative		Date Confirmed	