

PROCUREMENT OF HEALTH INSURANCE FOR THE PGBH PERSONNEL UNDER THE EMPLOYEE'S HEALTH CARE PROGRAM

CONTRACT AGREEMENT

No: 2020-934

THIS AGREEMENT, made this JAN 20 2021 ⁰⁰¹⁸⁻⁴ between Provincial Human Resource Management & Development Office of Provincial Government of Bohol (hereinafter called the "Entity") and MEDOCARE HEALTH SYSTEMS, INC. of EU State Tower 30 Quezon Ave. Dona Josefa 4, Quezon City, Metro Manila (hereinafter called the "Contractor").

WHEREAS, the Entity is desirous that the Contractor MEDOCARE HEALTH SYSTEMS, INC. of EU State Tower 30 Quezon Ave. Dona Josefa 4, Quezon City, (hereinafter called "the Works") and the Entity has accepted the Bid for ₱ 13,429,566.00 in Thirteen Million Four Hundred Twenty Nine Thousand Five Hundred Sixty Six Pesos Only by the Contractor for the execution and completion of such Works and the remedying of any defects therein.

WHEREAS, Project shall be completed in **Twelve (12) Months** in accordance with the provisions of the Bid Documents;

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement, words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract hereinafter referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - i. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and

Item No.	Description	Unit	Qty.	Unit Price	Amount
I	<p style="text-align: center;">ELIGIBLE MEMBERS</p> <p>1. Regular Employees</p> <p>2. Elected Officials</p> <p>3. Co-Terminus Personnel</p> <p>All employees of the company who are 18 to 65 years old are eligible for membership with MEDOCARE HEALTH SYSTEMS, INC.. Should the company decide to include dependents, the following shall qualify:</p> <p>For Married Employees</p> <ul style="list-style-type: none"> • The Legal Spouse if up to 65 years of age. • Children (from eldest to youngest) 90 days old and up to 21 years old, single and unemployed. <p>For Single Employees</p> <ul style="list-style-type: none"> • Parents (Mother first, then Father) up to age 65, unemployed and dependent 		1,494	8,989.00	P13,429,566.00

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	<p>on the principal member.</p> <p>For Single Parent Employees</p> <ul style="list-style-type: none"> • Children (from eldest to youngest) 90 days old and up to 21 years old, single and unemployed. • Parents (Mother first, then Father) up to age 65, unemployed and dependent on the principal member. <p>(Note: Hierarchy Rule is strictly observed)</p>				
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II	MEMBERSHIP FEES AND BENEFIT SCHEDULE
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EMPLOYEES				
	Room Plan	R & B LIMIT	Annual Benefit Limit (ABL)	Annual Premium
	Private	Open	75,000	P 8,989.00

Notes:

- 1) Above rates applicable for a minimum of 1,494 enrollees (Should be at 100% participation based on Employer's Philhealth Remittance Report).
- 2) Quoted rates are VAT inclusive and valid for one (1) month from proposal date.
- 3) Any discrepancy in the number of members submitted for costing and the number of members for enrollment shall mean re-evaluation of the membership fees, provided not to exceed the 1,494 enrollees.
- 4) Enrollees age 66 and above shall not be covered.
- 5) Plan choice must be the same across all employees of the same rank/position. Highest ranking employees (and depts, if with coverage) should get the highest plans, second ranking gets the second highest plan and so on e.g. Private plan for Executives, Semi-Private for Managers and Ward for Rank and File.
- 6) The MEDOFIT Program is strictly for bonafide corporate LGU accounts only (subject to submission of Business Permit/Company Profile, SEC/DTI Registration and Employer's Philhealth Remittance Report).
- 7) Enrollment of dependents must follow the hierarchy guidelines.
- 8) No coverage for extended dependents.
- 9) Enrollment of dependents must be the same as or lower than the plans of principal. If Applicable.
10. There will be a thirty (30) days grace period to enroll their eligible dependents. Otherwise, only newlywed, newly born and dependents of newly regularized employees shall be considered for enrollment after the 30 days grace period. If applicable.
- 11) Under this healthcare plan, all members shall have NO access to Asian Hospital & Medical Center (AHMC), Cardinal Santos Medical Center (CSMC), Makati Medical Center (MMC), St. Luke's Medical Center, Quezon City (SLMC QC), St. Luke's Global (SLMC BGC) and The Medical City (TMC).

III	<p>BENEFITS AND COVERAGES</p> <p>A. Preventive Health Care Benefits</p> <p>1. Annual Physical Examination at MEDOCARE Head Office Clinic or designated Diagnostic Centers to include the following procedures:</p> <ol style="list-style-type: none"> a. Medical History and Physical Examination b. Chest X-ray
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- c. Routine Urinalysis
 - d. Stool Examination (fecalysis)
 - e. Complete Blood Count (CBC)
 - f. Electrocardiogram (ECG) for members 35 years old and above
 - g. Pap Smear for female members 35 years old and above or if prescribed
2. Periodic monitoring of health problems
 3. Health habits and Family Planning counseling

B. Emergency Care Benefits

1. In Accredited Hospitals

When the member is under Emergency Case and ends up at the Emergency Room of MEDOCARE Accredited Hospitals/Medical Centers, the coverage is up to plan limit.

2. In Non-accredited Hospitals

Reimbursement of 80% of hospital charges and professional fees based on MEDOCARE rates but not to exceed P 30,000.00

3. In Areas with NO Accredited Hospitals

Reimbursement of 100% of hospital charges and professional fees based on MEDOCARE rates up to plan limit.

4. Involuntary Room Upgrade

In case of emergency and there is no room available equal to member's room plan, the member may occupy the next higher category room except, suite rooms, with no incremental charges during the first 24 hours of confinement.

5. Ambulance Conduction

Medocare shall cover the cost of ambulance thru reimbursement up to P2, 500.00 per conduction for hospital to hospital transfers only.

C. Out-Patient Services (Subject to PEC limit)

Members may avail of the following Outpatient services in MEDOCARE accredited hospitals and clinics:

1. Necessary consultations
2. Pre-natal and Post-Natal Consultation with accredited OB – GYNE up to 12 sessions
3. Eye, Ear, Nose and Throat (EENT) care
4. Treatment of minor injuries such as lacerations, abrasions, mild burns, sprains and the like.
5. Minor surgery procedures for covered lesions.
6. Necessary routine laboratory tests and commonly available diagnostic procedures, including ECG and X-Ray examinations, as may be prescribed by MEDOCARE affiliated Physicians and Specialists.
7. Cauterization of Warts (neck down only) up to P1,500 per member per year except genital warts, condyloma acuminatum and other sexually transmitted warts.
8. Sclerotherapy (for deep veins only) up to P5,000 per member per year.
9. Botox which is not cosmetic in nature nor for beautification purpose up to P5,000 per member per year
10. Allergy testing / allergy screening up to P2,500 per member per year.
11. Tuberculin Test up to P600 per member per year.

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12. Physical Therapy up to twelve (12) sessions per member per year subject to PEC limit/Plan limit except sub-specialties (e.g. cardiac rehab & pulmonary rehab).

13. Speech Therapy (Consults considered as sessions) for Stroke patients only up to P 10,000.00 per member per year.

D. In-Patient / Hospitalization Benefits

When confinement is needed as determined by our Primary Physician or Hospital Coordinator the following hospital services may be availed by the members:

1. Hospital room and board up to maximum daily rate authorized in the contract schedule.
2. Services of MEDOCARE affiliated Specialist like surgeons, anesthesiologists, etc.
3. General nursing services including nursing kit.
4. Drugs and medications needed while confined in the hospital.
5. Transfusion of blood and intravenous fluids including cost of blood products, except screening and cross-matching of donors.
6. Use of operating and recovery rooms.
7. Services and medications for anesthesia (e.g. general anesthesia, spinal, epidural anesthesia, etc.) deemed necessary for a surgical procedure.
8. Routine laboratory examinations and commonly available diagnostic procedures as ordered by the MEDOCARE accredited attending Physician/Surgeon.
9. Oxygen and its administration.
10. Dressings, plaster casts, sutures and other items directly related to the medical management of the patient.
11. Indicated use of ICU, CCU and special units subject to the maximum limits for the underlying illnesses.
12. No admission deposit in any of the accredited hospitals.
13. Assistance in administrative requirements through the Liaison Officers.
14. All other services related to the management of the case.

All the above In-patient services are covered up to the Limits for the underlying illness or procedure

E. Procedures & Modalities

The following procedures are covered up to the inner limit (if specified) subject to Plan limit. These procedures are also subject to pre-existing conditions or congenital conditions, if applicable.

- 1. Immunologic and Special laboratory Examinations**
- a. Hepatitis Profile, e.g. HBeAG, HBS Ag, Anti HBc (IgM), Anti-HAV (IgM).
 - b. ANA Profile, e.g., Anti-Nuclear-Antibody, Anti-Native-DNA, Anti-SM, Anti-SSA, Beta HCG, ANA.
 - c. Thyroid Profile, e.g., T3, T4, TSH, FTA-ABS.
 - d. SLE test, FAT Widal Test, ASO Titer, Serum Ig-Ci, Alpha-Feto Protein, ESR.
 - e. Urine/blood culture & sensitivity test.
 - f. 24-hour protein determination.
 - g. Troponin
 - h. Glycoslated Hemoglobin.

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i. Prostate Specific Antigen (PSA).

2. Special and Computer-Based Diagnostic Procedures

a. Stress Testing (All types)

b. All types of CAT Scan

c. Nuclear Imaging (including Parathyroid Scan)

d. Total Body Scan, Bone Scan, Renal Scan, Pulmonary Scan, Thallium Scan, Thyroid Scan

e. Echocardiography (All types)

f. Fluorescein Angiography or Angioscopy of Eye Total

g. Breast Scintigraphy

h. Electromyography with Nerve Conduction Tests

i. Electroencephalography (EEG)

j. Chest, abdominal, thyroid, renal, breast, or pelvic ultrasonography (including transvaginal)

k. 3D Imaging

l. Mammography

m. Magnetic Resonance Imaging (MRI)

3. Others – The following procedures are covered up to the inner limit (if specified) subject to plan limit. These procedures are also subject to pre-existing conditions, if applicable:

a. Chemotherapy;

b. Radiotherapy;

c. Dialysis;

d. Arthroscopic Knee Surgery covered up to P25,000 per member per year (subject to PEC limit);

e. Laparoscopic Pelvic Operation;

f. Laparoscopic Cholecystectomy;

g. Extracorporeal Shock Wave Lithotripsy (ESWL)/Lithotripsy;

h. Endoscopic Retrograde Cholangio-Pancreatography (ERCP);

i. Functional Endoscopic Sinus Surgery (FESS);

j. Laser Eye Therapy for glaucoma, retinal detachment, retinal hole and retinal tear (for DM patients only) covered up to P10,000 per member per year (subject to PEC limit). Eye correction such as lasik, PRK and the like are not covered;

k. Transurethral Microwave Therapy of Prostate;

l. Other Laparoscopic, Endoscopic and Arthroscopic Procedures covered up to P25,000 per member per year (subject to PEC limit);

m. Angiogram;

n. Conventional / Scalpel Hemorrhoidectomy;

o. Stapled or Laser Hemorrhoidectomy covered up to P5,000 per member per year;

p. 24 Hour EEG Monitoring covered up to P5,000 per member per year;

q. 4D Ultrasound for medical cases only covered up to P5,000 per member per year;

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- r. CT Pulmonary Angiography covered up to P5,000 per member per year;
- s. Esophageal Manometry covered up to P5,000 per member per year;
- t. Intensified Modulated Radiotherapy covered up to P5,000 per member per year;
- u. Mammotome Biopsy covered up to P5,000 per member per year;
- v. Photodynamic Therapy covered up to P5,000 per member per year;
- w. Positron Emission Tomography covered up to P5,000 per member per year;
- x. Sleep Study covered up to P10,000 per member per year;
- y. Other special diagnostic procedures not mentioned above covered subject to plan limit;
- z. Phacoemulsification/Laser Surgery and Treatment except to correct error of eye refraction covered up to P5,000 per member per year;**
- aa. Other medically necessary modalities of treatment not mentioned above or those for which there are no comparable, conventional or traditional counterparts e.g. **Robotic Surgery, Stem Cell Treatment, Platelet-Rich Plasma (PRP) Injection, Capsule Endoscopy** covered up to P5,000 per procedure per member per year subject to plan limit.

F. Dental Benefits

- 1. Annual oral dental examination
- 2. Oral prophylaxis every six months (twice a year)
- 3. Gum problem consultation and treatment planning
- 4. Simple tooth extraction when indicated (excluding impaction)
- 5. Temporary fillings
- 6. Recementation of loose jacket crowns
- 7. Adjustment of dentures
- 8. Oral hygiene instruction
- 9. Dental health education and consultation
- 10. Orthodontic treatment consultation
- 11. Two (2) surfaces of permanent fillings annually
- 12. Desensitization of hypersensitive teeth (2 teeth annually)

G. Other Features and Coverages

- 1. **Chronic Dermatoses** (Consultations only) covered subject to **PEC limit**.
- 2. **Provoked and Unprovoked Assault** covered subject to Plan limit.
- 3. Coverage of COVID-19 (except screening purposes) subject to Plan limit.
- 4. **Philhealth Benefits** This plan is integrated with Philhealth benefits. This means that in case of hospitalization, the MEMBER's Philhealth benefit will be applied first and MEDOCARE will only answer for the remaining covered charges after Philhealth.
- 5. **Work related Cases** (covered under Employees Compensation Commission). Work related injuries are covered up to **P20,000** per principal members per year subject to plan limit.
- 6. **Injuries due to Vehicular Accident**

Injuries coverable under the Third Party Liability Insurance shall be covered up to **MBL** provided the MEMBER submits a letter to MEDOCARE subrogating his right to collect from the

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<p>insurance company or third party, his claims due to the accident.</p> <p>Injuries sustained from a motorcycle accident when there is NO Third Party involvement and the member is clearly not at fault shall be covered up to P20,000 per member per year.</p> <p>7. Scoliosis up to P20,000 per member per year.</p> <p>8. Anti-rabies, anti-venom and anti-tetanus vaccines (excluding immunoglobulin) up to plan limit (First dose only).</p> <p>9. Pre-Existing Condition</p> <p>Any illness, injury or adverse medical condition shall be considered pre-existing if during the entire period prior to the effectivity date of a member's program:</p> <p>a. Any professional advice or consultation and/or treatment was made given as a result of such illness, injury or adverse medical condition; or</p> <p>b. The member was aware or should reasonably have been aware of the signs and symptoms of such illness, injury or adverse medical condition; or</p> <p>c. The pathogenesis or onset of such illness, injury or adverse medical condition has started prior to membership as determined by Medocare's Medical Director / Medical Underwriting or accredited physicians.</p>
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Coverage for pre-existing conditions of Employees	
Should be at 100% participation	Up to Plan limit

Coverage for pre-existing conditions of Dependents (if covered):			
Participation based on number of Principal members	First Year	Second Year	Third Year
If at 100% participation	Same as P's PEC limit	Same as P's PEC limit	Waived
If at 75% to 99% participation	Up to 50% of P's PEC limit	Same as P's PEC limit	Waived
If at 60% to 74% participation	No PEC Coverage	Same as P's PEC limit	Waived
If at below 60% participation	No HMO Coverage for Dependents		

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<p>10. Loss ID and Replacement of ID Cards.</p> <p>Medocare shall replace lost IDs for a fee of P60.</p> <p>11. Group Yearly Renewable Term (GYRT) scheduled benefits, terms and conditions</p>

a. AXA LIFE PHILIPPINES Insurance provider

Nature of Claim	Amount of Assistance
Term Life Insurance	P50,000
Terminal Illness Benefit	50% of the sum Insured
Burial Benefit	10% of the sum Insured

b. CHARTER PING AN Insurance provider

Nature of Claim	Amount of Assistance
Accidental Death & Disablement	P50,000
Accidental Medical Reimbursement	10% of the sum Insured
Accidental Burial Expense	10% of the sum Insured
Murder & Assault	50% of the sum Insured
Accidental Death, Dismemberment & Disablement:	
Loss of the limbs	100% of the Sum Insured
Loss of both hands, or all fingers and thumbs of both hands	100% of the Sum Insured
Loss of both feet	100% of the Sum Insured
Total loss of sight of both eyes	100% of the Sum Insured
Injuries resulting in being permanently bedridden	100% of the Sum Insured
Any other injury causing permanent total disablement	100% of the Sum Insured
Loss of arm at or above elbow	70% of the Sum Insured
Loss of arm between elbow and wrist	50% of the Sum Insured
Loss of hand	42.5% of the Sum Insured
Loss of four fingers and thumb of one hand	42.5% of the Sum Insured
Loss of four fingers	35% of the Sum Insured
Loss of thumb	15% of the Sum Insured
Loss of index finger	10% of the Sum Insured
Loss of middle finger	6% of the Sum Insured
Loss of ring finger	5% of the Sum Insured
Loss of little finger	4% of the Sum Insured
Loss of metacarpals (first or second (additional))	3% of the Sum Insured
Loss of metacarpals (third, fourth or fifth (additional))	2% of the Sum Insured
Loss of leg at or above knee	60% of the Sum Insured
Loss of leg below knee	40% of the Sum Insured
Loss of one foot	40% of the Sum Insured
Loss of toes (all of one foot)	15% of the Sum Insured
Loss of Big Toe	5% of the Sum Insured
Loss of any toe other than Big Toe, each	1% of the Sum Insured

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Loss of sight of one eye	30% of the Sum Insured
Loss of hearing of both ears	50% of the Sum Insured
Loss of hearing of one ear	25% of the Sum Insured

H. Exclusions

1. Services a MEMBER receives from a non-MEDOCARE physician, non-MEDOCARE accredited hospital or other provider of care, except as described in the emergency care in non-MEDOCARE hospitals including adverse medical conditions arising from previous treatment by them as provided in the Contract;
2. Plastic/reconstructive surgery for cosmetic purposes and for physical congenital deformities and abnormalities.
3. Dermatological care for aesthetic purposes including treatment for vitiligo & phototherapy for psoriasis.
4. Diagnostic tests, treatment including corrective eye surgery for error of refraction;
5. Experimental medical or surgical procedures, acupuncture, acupressure, reflexology and chiropractics, iridology;
6. Any organ transplantation surgery;
7. Diagnostics for hypersensitivity and desensitization treatment except as provided for in this contract;
8. Purchase or lease of durable medical equipment, oxygen dispensing equipment and oxygen except during hospital confinement under the Hospital Confinement Benefit;
9. Corrective appliances and artificial aids/implants (i.e. nails, pins, braces, stents) and prosthetic devices;
10. Screening tests for blood donors including all expenses incurred in the process of organ donation;
11. Psychiatric and psychological illness including neurotic and psychotic behavioral disorders including anxiety disorders and neurocirculatory asthenia;
12. Treatment for alcoholic illness or injury and drug addiction or overdose reaction to use of prohibited drugs including illness directly related to it and other injuries attributed as a result of it;
13. Open Heart Surgery, Pacemaker insertion, sequelae of previous operations except as provided for in this agreement.
14. Cardiac rehabilitation treatment, speech and occupational therapies, except as provided;
15. Sexually transmitted diseases and their complications;
16. Services to diagnose and/or reverse infertility or fertility and virility/potency;
17. Maternity care and other conditions as a result of pregnancy unless specifically provided;
18. Screening tests for gynecological hormonal disorders including menopausal syndrome and its complications which includes mammogram, bone densitometry and hormonal screening tests (e.g. FSH, LH, etc.);
19. Transfusion related diseases;
20. Hazardous job-related illnesses and/or injuries;
21. Physical examinations required for obtaining or continuing employment, insurance or government licensing and applications for visa and other medical services not incident to the treatment of an illness or injury;

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- 22. Injuries or illnesses resulting from participation in war-like or combat operations, riots, insurrections, rebellions, strikes and other civil disturbances;
- 23. Treatment of self-inflicted injuries or injuries attributable to the MEMBER'S own misconduct, gross negligence, use of alcohol and/or drugs, vicious or immoral habits, participation in acts of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous sports-related injuries and domestic violence;
- 24. Custodial, domiciliary care convalescent, and intermediate care;
- 25. Oral surgery other than simple tooth extraction except; treatment for TMJ diseases. Diagnostic and treatment for in-patient cases that are odontogenic in origin.
- 26. Circumcision, except for correction of phimosis;
- 27. Treatment of injuries sustained in a motor vehicle accident if the MEMBER or his guardian fails or refuses to execute the Deed of Subrogation;
- 28. Professional fees of medico-legal officers;
- 29. Diagnosis of unknown etiology or the absence of any organic dysfunction; Genome testing/Genetic testing; and diagnostic tests done outside the country.
- 30. Cost of vaccines for active and passive immunization, except, as provided;
- 31. Any condition or illness waived upon membership except as otherwise provided for in this Contract;
- 32. Executive checkups and confinement which are purely diagnostic purposes except as specified in this Contract and unnecessary hospital admissions;
- 33. Congenital and Hereditary Conditions.
- 34. Personal Protective Equipment (PPE) charged by hospital.

OTHER PROVISIONS:

1. EFFECTIVITY DATE AND TERMINATION

This Contract shall be for a period of **one (1) year(s)** to commence on December 18, 2020 to December 17, 2021. It is understood that full payment of premiums for all enrolled MEMBERS under the Contract is made, which is an essential requisite for the effectivity and/or start of coverage of health care benefits under this Contract.

For **Additional MEMBERS** enrolled within **sixty (60) day period** after the effectivity of this Contract, coverage shall commence only after receipt by MEDOCARE of corresponding payments in full, for their premiums.

This Contract may be renewed for another year, subject to the terms and conditions as may be agreed upon by the Parties. Either Party may, however, opt not to renew this Contract by sending Notice to the Other Party within **Thirty (30) days** prior to the expiration of this Contract.

All healthcare coverage under this Contract shall be terminated at the expiration date. Any and all medical benefits availed by the **MEMBERS** or any of his/her dependent/s after the expiration of this Contract, shall not be honored and/or paid by **MEDOCARE** as the same shall be charged to the personnel account of the MEMBER. Moreover, MEDOCARE shall not be responsible for the hospital charges and professional fees of physicians incurred by MEMBERS or any of his/her dependents who are still confined at the hospital, after the termination of this Contract.

2. PHILIPPINE HEALTH INSURANCE CORPORATION(PHIC) COVERAGE

It is understood that this Contract is integrated with **Philippine Health Insurance Corporation (PHIC)** coverage. As such, the mandated benefits provided under the Philhealth shall first be applied to MEMBER'S hospital Bill under this Contract before his/her MEDOCARE benefits can be applied. For this purpose, MEMBER concerned is required to file his duly accomplished **PHIC** Claims Form, before his discharge or that of his dependent's, from the hospital. Failing which, shall constrain **MEDOCARE** to exclude the **PHIC** portion of the **MEMBER'S** hospital bill and the same shall be settled/paid by the

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this JAN 20 2021, 2020 in Tagbilaran City, Bohol, Philippines.

PROVINCIAL GOV'T OF BOHOL

MEDOCARE HEALTH SYSTEMS, INC.

BY:

BY:

ATTY. ARTHUR C. YAP
Governor

[Signature]
MS. KATE UY REBADULLA
Corporate Secretary

By the Authority of the Governor

[Signature]
ATTY. KATHYRIN FE D. PIOQUINTO
Provincial Administrator

WITNESSES:

[Signature]
JOSEFINA J. RELAMPAGOS
End User

[Signature]
ELIGIO C. REQUINA
Supervising Administrative Officer

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF BOHOL) S.S.
TAGBILARAN CITY)

Personally appeared before me, **Atty. Arthur C. Yap** representing the Provincial Government of Bohol with **Employee ID No. 19141**

, known to me to be the same persons who executed the foregoing instrument consisting of *thirteen* (13) pages including this page upon which this acknowledgement is written, duly signed by the parties and their witnesses on each and every page thereof, and they acknowledged to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this JAN 20 2021, 2020 in Tagbilaran City, Bohol, Philippines.

Doc. No. 123
Page No. 26
Book No. 25
Series of 2021.

[Signature]
ATTY. MARIA LEONOR E. JIMENEZ
NOTARY PUBLIC until December 31, 2021
For the City of Tagbilaran and Other Municipalities of Bohol
Lot 12 Block 7 Uptown Phase 3, Tiptop District, Tagbilaran City, Bohol
Attorney's Roll No. 70687; June 4, 2018; IBP Membership No. 19430
MCLE Compliance No. V-0014346, valid until April 14, 2022
NCS No. 2020-08; December 18, 2019; TIN: 724-977-154-000
PTR No. 992025 December 14, 2020 Tagbilaran City

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)

PASIG CITY) S.S.

_____)

MEDOCARE HEALTH SYSTEMS INC.

BY:



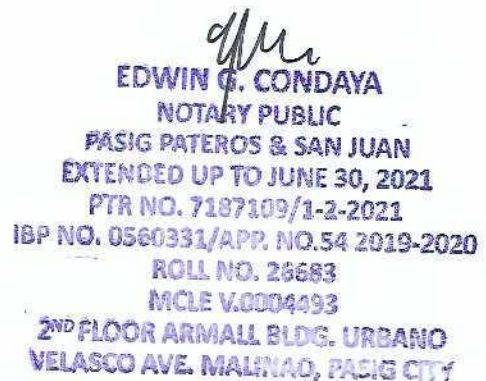
MS. KATE UY REBADULLA

Corporate Secretary

Personally appeared before me, Ms. Kate Uy Rebadulla with Community Tax Certificate No. CC1301801442402, issued at PASIG CITY, on JAN. 18, 2021, known to me to be the same persons who executed the foregoing instrument consisting of twelve (12) pages including this page upon which this acknowledgement is written, duly signed by the parties and their witnesses on each and every page thereof, and they acknowledged to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this ___ day of JAN 20 2021, 2021 in PASIG CITY Philippines.

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Book No. LX
Series of 2021


EDWIN G. CONDAYA
NOTARY PUBLIC
PASIG PATEROS & SAN JUAN
EXTENDED UP TO JUNE 30, 2021
PTR NO. 7187109/1-2-2021
IBP NO. 0560331/APR. NO.54 2019-2020
ROLL NO. 28683
MCLE V.0004493
2ND FLOOR ARMALL BLDG. URBANO
VELASCO AVE. MALINAO, PASIG CITY