



7/F The Linden Suites, San Miguel Avenue  
Ortigas Center, Pasig City  
1604 Philippines  
Telephone: (632) 636-6832  
Fax : (632) 631-6557  
Email Address: medasia@medasiaphils.com  
Website: <http://www.medasiaphils.com>

**Subject: \*BLANKET HOSPITALS**

Listed below are the Blanket hospitals for your reference, as follows:

**DAVAO DOCTORS HOSPITAL  
FEU-NRMF MEDICAL CENTER  
LUNG CENTER OF THE PHILIPPINES  
MAKATI MEDICAL CENTER  
MANILA DOCTORS HOSPITAL  
NATIONAL KIDNEY & TRANSPLANT INSTITUTE  
PHILIPPINE HEART CENTER  
SAN JUAN DE DIOS HOSPITAL  
ST. LUKES MEDICAL CENTER, GLOBAL CITY  
ST. LUKES MEDICAL CENTER, QUEZON CITY  
UNIVERSITY OF SANTO TOMAS HOSPITAL**

***IMPORTANT NOTICE: NO LONGER UNDER BLANKET AUTHORITY***

*Effective May 31, 2012, CHONG HUA HOSPITAL*

*Effective August 14, 2012, CEBU DOCTORS HOSPITAL, CEBU SOUTH GENERAL HOSPITAL AND MACTAN DOCTORS HOSPITAL*

*Effective January 07, 2014, VICTOR R. POTENCIANO MEDICAL CENTER*

*Effective February 07, 2014, MANILA MED (MEDICAL CENTER MANILA)*

*Effective July 29, 2015, DE LA SALLE UNIVERSITY & MEDICAL CENTER*

*Effective January 7, 2016, OUR LADY OF LOURDES HOSPITAL*

**\*Blanket Hospital are the facilities that requires the Company/HMO to guaranty 100% of the hospital charges including doctor's fee of the company members without charging nor collecting any payment from the members/patient. An itemized hospital bill charges will be issued after the availment to the respective Company/HMO.**



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**Subject:                    \*MAXIMUM HOSPITAL CONSIDERED AS BLANKET**

**CAPITOL MEDICAL CENTER  
CARDINAL SANTOS MEDICAL CENTER  
CHINESE GENERAL HOSPITAL  
DE LA SALLE UNIVERSITY & MEDICAL CENTER  
JAMES L. GORDON MEMORIAL HOSPITAL  
OUR LADY OF LOURDES HOSPITAL  
RAMON MAGSAYSAY MEDICAL CENTER, INC. (UNIVERSITY OF THE EAST RAMON MAGSAYSAY  
MEMORIAL FOUNDATION)  
VICTOR R. POTENCIANO MEDICAL CENTER**

**\*Maximum Hospital are the facilities that requires the Company/HMO to guaranty up to the given maximum benefit limit (MBL) of member regardless of their plan's inner limit including doctor's fee. Any amount exceeded from the issued LOA/LOG of the Company/HMO will be collected from the member. An itemized hospital bill charges will be forwarded after the availment to the respective Company/HMO.**

For your information and guidance.

**IMPORTANT NOTICE:**

*Below hospitals are no longer included under Maximum Hospital.*

**SAN PEDRO HOSPITAL OF DAVAO CITY – Effective January 28, 2013  
DE LOS SANTOS –STI MEDICAL CENTER –Effective February 01, 2013**