

HOW TO APPLY FOR AN ELECTRONIC LETTER OF AUTHORIZATION (e-LOA)?

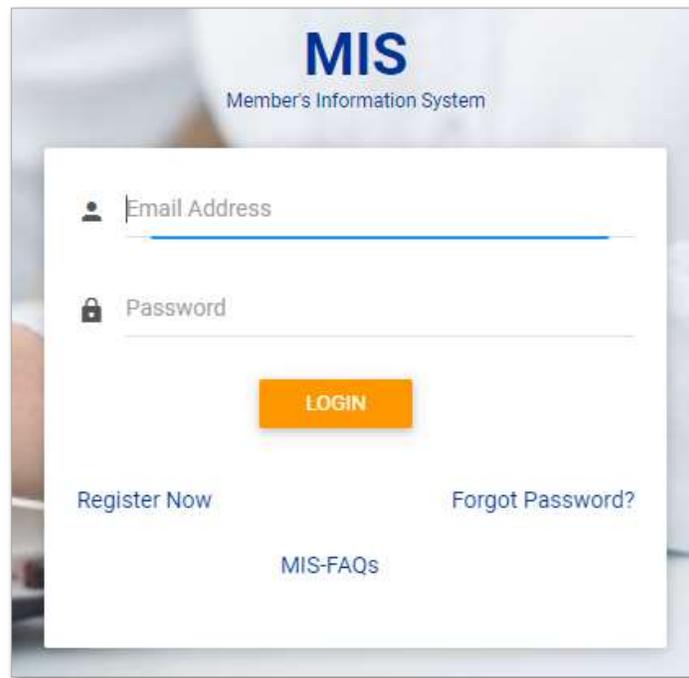
Step 1

Visit our CHS website at www.caritashealthshield.com.ph and click **LOGIN**.



STEP 2

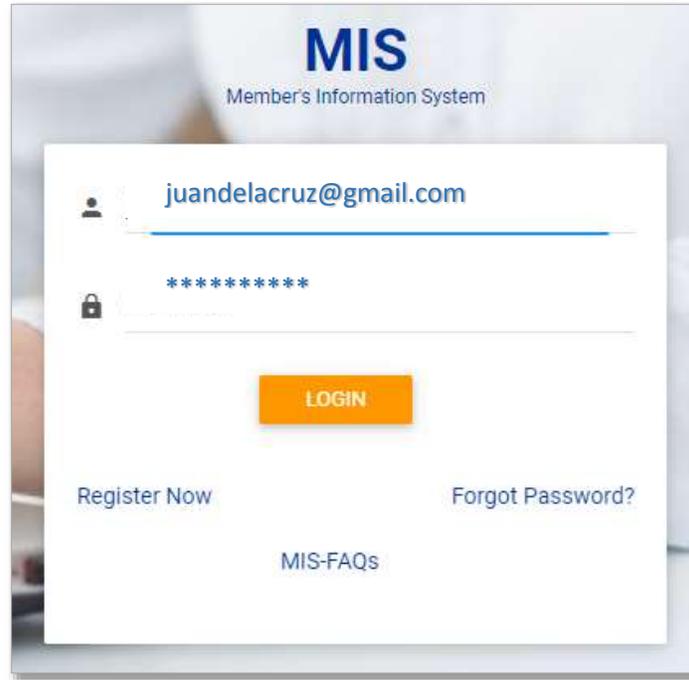
Enter your **Email Address** and **Password** in the Member's Information System (MIS). If you are not yet registered, kindly click this link on [How to Register](#).

A screenshot of the Member's Information System (MIS) login page. The page title is "MIS Member's Information System". It features a login form with two input fields: "Email Address" and "Password". Below the form is an orange "LOGIN" button. At the bottom of the page, there are links for "Register Now", "Forgot Password?", and "MIS-FAQs".

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STEP 3

Click **LOGIN** to start your session.



The screenshot shows the login interface for the MIS (Member's Information System). At the top, it says "MIS Member's Information System". Below that, there is a text input field for the email address containing "juandelacruz@gmail.com" and a password field with masked characters "*****". A prominent orange "LOGIN" button is centered below the fields. At the bottom of the form, there are links for "Register Now", "Forgot Password?", and "MIS-FAQs".

STEP 4

Welcome to Caritas Health Shield Member's Information System! Click **APPLY e-LOA**.

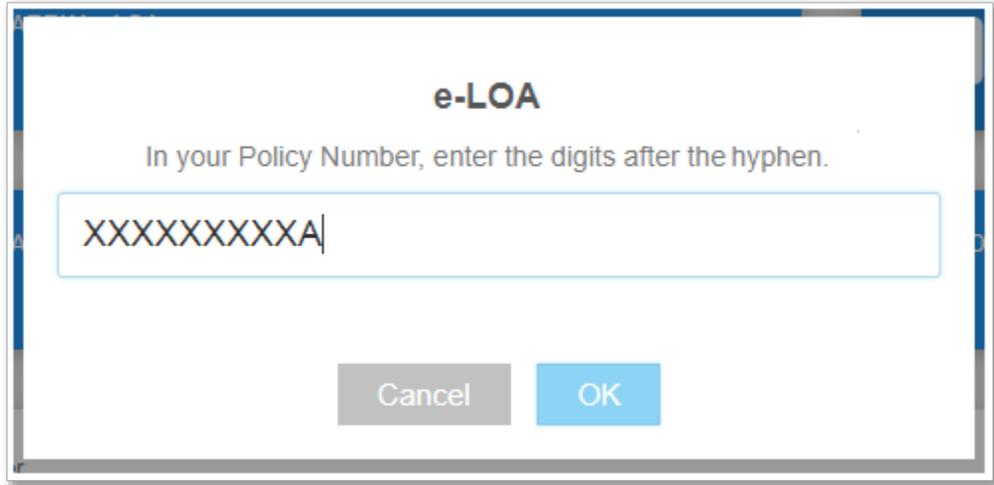


The screenshot displays the user's dashboard. At the top left, it says "DASHBOARD" with a breadcrumb trail "Home > Dashboard". The main area contains several blue action buttons: "APPLY e-LOA" (with a checkmark icon), "PAY ONLINE" (with a wallet icon), "ADD POLICY" (with a plus and person icon), "ADD HEALTH COUNSELOR" (with a plus and person icon), and "ADD FINANCIAL COUNSELOR" (with a plus and person icon). Below these is a section for "Policy Number" showing "C1267-170608800E". At the bottom, there are four more blue buttons: "POLICY INFORMATION" (with a fingerprint icon), "PAYMENT HISTORY" (with a wallet icon), "AVAILMENT HISTORY" (with a checkmark icon), and "MANAGE POLICY" (with a gear icon).

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STEP 5

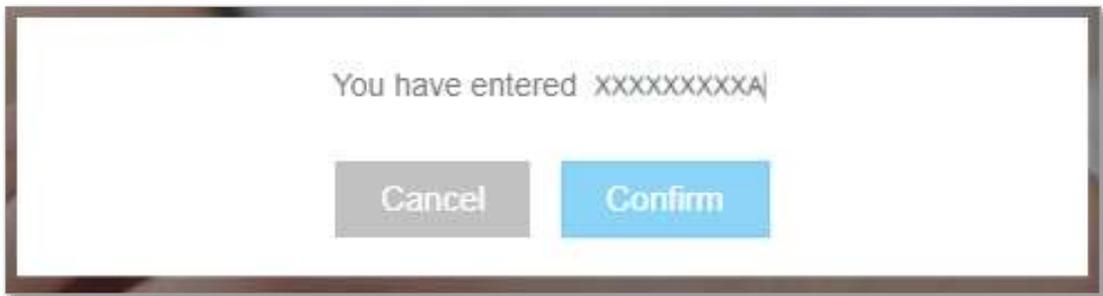
In your Policy Number, enter the digits after the hyphen. Click **OK**.



The screenshot shows a dialog box titled "e-LOA". Below the title, it says "In your Policy Number, enter the digits after the hyphen." There is a text input field containing "XXXXXXXXXA" with a cursor at the end. At the bottom, there are two buttons: "Cancel" (grey) and "OK" (blue).

STEP 6

Kindly check if you have entered your Policy Number correctly. If correct, please click **Confirm**.



The screenshot shows a confirmation dialog box. It says "You have entered XXXXXXXXXXXA". At the bottom, there are two buttons: "Cancel" (grey) and "Confirm" (blue).

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STEP 7

Select a **Hospital or Clinic** on the list.

The screenshot shows the 'e-LOA' application form. The 'Policy Number' field is filled with 'AXXX-XXXXXXXXA'. The 'Hospital/Clinic Name' dropdown menu is open, displaying a list of options including: ADVENTIST HOSPITAL - GALBAYOG INC, ADVENTIST MEDICAL CENTER - LISAN CITY, INC, GAGAYAN DE ORO MEDICAL CENTER, DAPIZ DOCTORS MULTI-PURPOSE COOPERATIVE, CHONG HUA HOSPITAL, CHONG HUA HOSPITAL - MANDAUE, CLINICA CARITAS - GENSAN, DAVAO DOCTORS HOSPITAL (CLINICA HILARIO), INC, DIGOS DOCTORS HOSPITAL INC, DR. ARTURO P. PINGOY MEDICAL CENTER, DR. FABLO Q. TORRES MEMORIAL HOSPITAL, HOLY MOTHER OF MERCY HOSPITAL, KIDAPAWAN DOCTORS HOSPITAL, INC, LIVING HOPE HOSPITAL, INC, LUTHER RAMBO COMMUNITY HOSPITAL, MANUEL J. SANTOS HOSPITAL, MEDINA GENERAL HOSPITAL, MERCADO GENERAL HOSPITAL SAN JOSE DEL MONTE, INC, and METRO RIZAL DOCTORS HOSPITAL.

STEP 8

Select the doctor's **Specialization** on the list.

The screenshot shows the 'e-LOA' application form. The 'Policy Number' field is filled with 'AXXX-XXXXXXXXA'. The 'Hospital/Clinic Name' dropdown menu is set to 'CHONG HUA HOSPITAL'. The 'Doctor's Specialization' dropdown menu is open, displaying a list of options including: ADULT CARDIOLOGY, ANESTHESIOLOGY, CARDIOLOGY, CARDIOVASCULAR, DERMATOLOGY, ENT, ENDOCRINOLOGY, ENT HEAD AND NECK SURGERY, FAMILY MEDICINE, FAMILY PRACTICE, GASTROENTEROLOGY, GENERAL CANCER AND LAPAROSCOPIC SURGERY, GENERAL PRACTICE, GENERAL SURGERY, HEMATOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEPHROLOGY, and NEUROLOGY.

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STEP 9

Select a **Doctor** on the list.

The screenshot shows the 'e-LOA' application form in a web browser. The form is titled 'e-LOA' and has a 'Policy Number' field with the value 'AXXX-XXXXXXXXA'. Below this, there are four dropdown menus: 'Hospital/Clinic Name' (CHONG HUA HOSPITAL), 'Doctor's Specialization' (UROLOGY), 'Doctor's Name' (SELECT DOCTOR), and 'Doctor's Schedule'. The 'Doctor's Name' dropdown is open, showing a list of names with 'EDWIN LIM' selected. A disclaimer at the bottom of the form reads: 'Disclaimer: The Doctor's Schedule is subject to change without prior notice. For more information, please call our 24-Hour Medical Hotline Numbers. Please click here.' A 'Submit' button is located at the bottom right of the form.

STEP 10

Review the **Doctor's Schedule**. Click **Submit**.

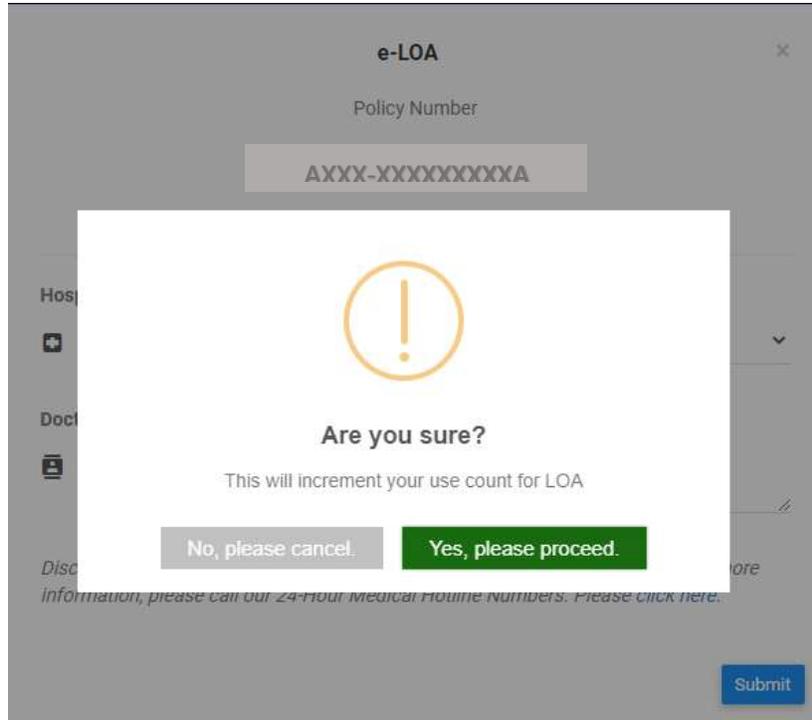
Disclaimer: The Doctor's Schedule is subject to change without prior notice. For more information, please call our 24-Hour Medical Hotline Numbers. Please [click here](#).

The screenshot shows the 'e-LOA' application form in a web browser. The form is titled 'e-LOA' and has a 'Policy Number' field with the value 'AXXX-XXXXXXXXA'. Below this, there are four dropdown menus: 'Hospital/Clinic Name' (CHONG HUA HOSPITAL), 'Doctor's Specialization' (EENT), 'Doctor's Name' (FERYLOU MIEL), and 'Doctor's Schedule' (null). A disclaimer at the bottom of the form reads: 'Disclaimer: The Doctor's Schedule is subject to change without prior notice. For more information, please call our 24-Hour Medical Hotline Numbers. Please click here.' A 'Submit' button is located at the bottom right of the form.

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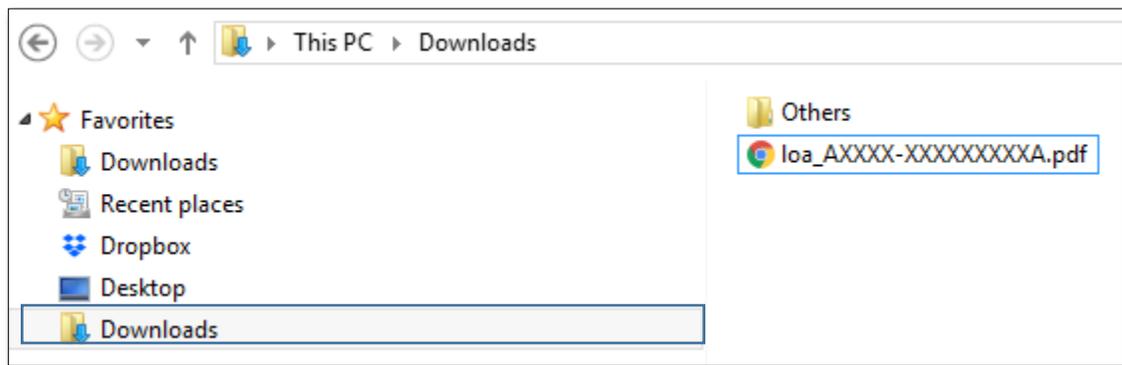
STEP 11

Click **Yes** to proceed or click **No** to cancel.



STEP 12

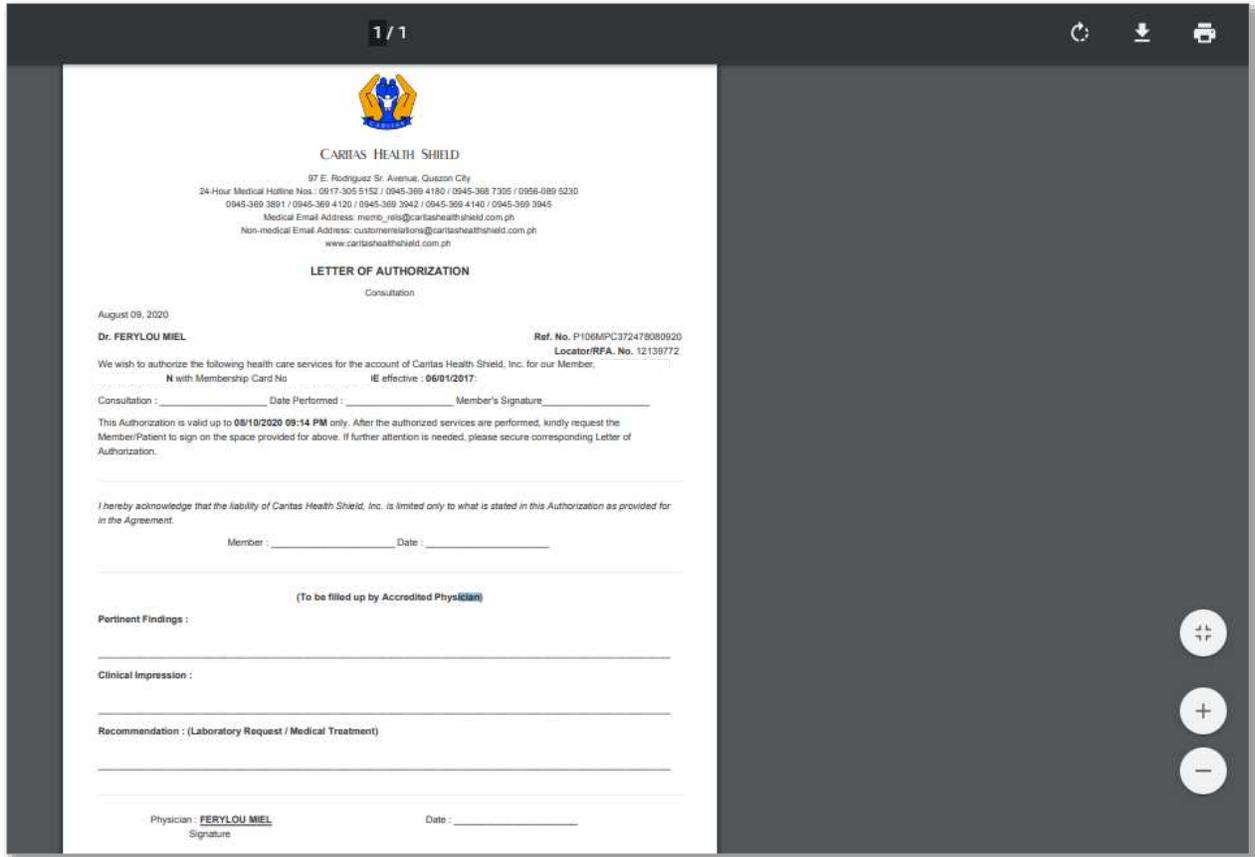
Check the generated e-LOA at the "Downloads" folder of your computer. Please take note that your e-LOA is password protected.



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STEP 13

Save or print your e-LOA by clicking the  or  icon.



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CARIAS HEALTH SHIELD
97 E. Rodriguez St. Avenal, Guston City
24-Hour Medical Hotline Nos. : 0917-305 5152 / 0945-369 4150 / 0945-369 7305 / 0956-089 5230
0945-369 3891 / 0945-369 4120 / 0945-369 3942 / 0945-369 4140 / 0945-369 3945
Medical Email Address: memo_rel@caritashield.com.ph
Non-medical Email Address: customrelations@caritashield.com.ph
www.caritashield.com.ph

LETTER OF AUTHORIZATION
Consultation

August 09, 2020

Dr. FERYLOU MIEL Ref. No. P106MPC37247808920
Locator/RFA. No. 12138772

We wish to authorize the following health care services for the account of Caritas Health Shield, Inc. for our Member,
N with Membership Card No IE effective : 06/01/2017:

Consultation : _____ Date Performed : _____ Member's Signature _____

This Authorization is valid up to 08/10/2020 09:14 PM only. After the authorized services are performed, kindly request the Member/Patient to sign on the space provided for above. If further attention is needed, please secure corresponding Letter of Authorization.

I hereby acknowledge that the liability of Caritas Health Shield, Inc. is limited only to what is stated in this Authorization as provided for in the Agreement.

Member : _____ Date : _____

(To be filled up by Accredited Physician)

Pertinent Findings : _____

Clinical Impression : _____

Recommendation : (Laboratory Request / Medical Treatment)

Physician : FERYLOU MIEL Date : _____
Signature

