



PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA!"

Member : World Medical Association (WMA)
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)
Medical Association of Southeast Asian Nations (MASEAN)
Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
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MEMORANDUM CIRCULAR NO: 2018-08-28-021

TO : BOARD OF GOVERNORS & NATIONAL OFFICERS
ALL PRESIDENTS OF:
COMPONENT SOCIETIES
SPECIALTY DIVISIONS
SPECIALTY SOCIETIES
AFFILIATE SOCIETIES

DATE : AUGUST 28, 2018

SUBJECT : NEW PAYMENT SYSTEM AT THE DOCTORS' INN

Greetings from the Philippine Medical Association!

One of the goals of the Philippine Medical Association this year is to improve the operational procedures in the office for a centralized and more organized system. Please be advised that effective **September 10, 2018, Monday**, all guests at the Doctors' Inn will have to observe the new payment scheme, as follows:

1. The designated and authorized personnel to receive payments and issue receipts will be the Doctors' Inn Supervisor and Senior Innkeeper only.
2. On days (Friday and Saturday) that the Supervisor and Senior Innkeeper will be on rest day or scheduled leave, the Cashier at the Accounting Department will receive payments and issue receipts to guests.
3. Guests must present the Billing Form that will be issued upon check-in (see attachment), when paying to the Cashier.

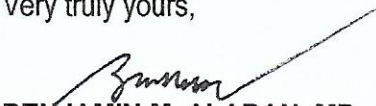
4. Please make sure that you ask for your receipt after payment.

We will also post this memorandum at the Doctors' Inn for your guidance.

Kindly disseminate this information to all your members and friends who are regular guests at the Doctors' Inn.

Thank you very much for your usual cooperation and understanding.

Very truly yours,


BENJAMIN M. ALABAN, MD
Secretary-General

Noted by:


JOSE P. SANTIAGO, JR., MD
President

**PHILIPPINE MEDICAL ASSOCIATION
DOCTORS' INN**

BILLING FORM

(Please Print)

NAME: _____

ADDRESS: _____

COMPONENT MEDICAL SOCIETY: _____ PMA NO.: _____

NO. OF PERSON: _____

ROOM NO.: _____

CHECK IN DATE: _____

CHECK OUT DATE: _____

RATE: _____

DAYS STAYED: _____

DATE PAID: _____

AMOUNT PAID: _____ OR# _____

Signature