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