InLife Benefits
formerly Generali Life Assurance Philippines, Inc.

providerrelations@inlifebenefits.com.ph
www.inlifebenefits.com.ph

PHYSICIAN'S APPLICATION FORM

PERSONAL DETAILS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	MARITAL STATUS
DATE OF BIRTH	PLACE OF BIRTH	AGE	RESIDENTIAL ADDRESS	
CONTACT NUMBER	EMAIL ADDRESS		PRC NO.	TIN
SPECIALIZATION				

OFFICE / CLINIC (INCLUDE LOCATION)	SCHEDULE

EDUCATION

COLLEGE (PRE-MED)	INCLUSIVE YEARS
COLLEGE (PROPER)	INCLUSIVE YEARS
BOARD	INCLUSIVE YEARS

All information provided will be treated with confidentiality and in accordance with the Data Privacy Act.
You may view our Privacy Policy (for Providers) via our website.

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Apply online as an Accredited Medical Provider here.

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PHYSICIAN'S APPLICATION FORM

MEDICAL TRAINING	
INTERNSHIP	INCLUSIVE YEARS
RESIDENCY	INCLUSIVE YEARS
SPECIALTY BOARD	INCLUSIVE YEARS
POST-GRADUATE STUDIES	INCLUSIVE YEARS

AFFILIATIONS	
HOSPITALS / COMPANIES	ORGANIZATIONS

CONFORME:

I agree to render professional services to the members (patients) of InLife Benefits Insurance Company, Inc. (formerly Generali Life Assurance Philippines, Inc. / GLAPI) in accordance with InLife Benefits' standard schedule of Professional Fees.

Printed Name and Signature

Date Signed