**** This electronic mail is system-generated. Please do not reply. ****

1177 JORGE BOCOBO ST. ERMITA, MANILA 1000 | (02) 8521-0020 | https://slec.ph

Dear Maam/Sir:

*** THIS IS NOT AN APPOINTMENT CONFIRMATION LETTER ***

We have **temporarily** reserved a slot for you at St. Luke's Medical Center Extension Clinic - **Bonifacio Global City** on **Wednesday, January 31, 2024** at **2:30 PM**. Your reservation will be valid for only five (5) days from the date you registered, or until **Sunday, January 07, 2024**.

To confirm your appointment, please pay the medical package fee of Php 2,640.00 according to the instructions attached to this email. Account details are as follows:

ACCOUNT DETAILS	
Biller Name	: **ST. LUKE'S EXTENSION CLINIC**
Subscriber Number	: NZ231117ZG52PL *(valid until Sunday, January 07, 2024 only)*
Applicant's Name	: **TYSON, HERMAN RINAH MCLEOD**
Applicant's Age	: **0 years old**
Exam Type	: **Full Medical Examination - New Zealand Pedia Medical (0-4 years old)**
Amount to be Paid	: **Php 2,640.00** *(please pay the exact amount)*

To receive your appointment confirmation letter, visit our website at www.slec.ph/registration/confirmation/ and type-in your *Subscriber Number* together with the *Payment Date* on your payment transaction slip.

Reservations that have not been paid after five (5) days will be cancelled and the slot will be opened for other visa applicants.

WARNING: FOR THOSE WHO WILL REGISTER MULTIPLE TIMES, OUR SYSTEM WILL AUTOMATICALLY CANCEL ANY DUPLICATE BOOKINGS. ANY CANCELLED AND UNPAID APPOINTMENTS WILL NOT BE HONORED.

Thank you for your cooperation and understanding.

St. Luke's Medical Center Extension Clinic
Manila, Philippines

PLEASE PRINT AND PRESENT THIS FORM WHEN PAYING AT THE BANK

PAYMENT INSTRUCTIONS

1. Only the **initial medical examination** may be paid via bank transaction. Additional tests must be paid at the clinic cashier.
2. **Should there be an adjustment in medical fees prior to medical examination, the new medical fee will prevail. The applicant must pay the difference between the old and new fees at the clinic cashier on the day of medical exam.**
3. **For Over-the-Counter Payments, the Universal transaction slip shall serve as your proof of payment.**
4. **You must present the Original Universal Transaction Slip or the printed Transaction Notification slip on the day of your Visa Medical Exam.**
5. If your payment thru SBC encounters an error and could not produce a machine validated transaction slip, please email us before you proceed to your medical examination, this is for us to validate your payment status with the bank.
6. For instructions on how to pay, please see attached Bills Payment Guide (PDF).

PAYMENT DETAILS (for Initial Medical)

SECURITY BANK

BILLER NAME:

ST. LUKE'S EXTENSION CLINIC

SUBSCRIBER NUMBER:

NZ231117ZG52PL

APPLICANT NAME:

TYSON, HERMAN RINAH MCLEOD

APPLICANT AGE:

0 year old

AMOUNT TO BE PAID:

PHP 2,640.00 - New Zealand Pedia Medical (0-4 years old)

(PLEASE PAY THE EXACT AMOUNT)

ONCE PAYMENT HAS BEEN MADE, PLEASE ATTACH THE **PROOF OF PAYMENT WITH YOUR ONLINE REGISTRATION CONFIRMATION** AND PRESENT AT THE CLINIC ON THE DAY OF YOUR MEDICAL EXAMINATION.