

**Application for a Clearance to Operate a
Health Maintenance Organization (HMO)**

Initial

Renewal

Date

The Director
Bureau of Licensing and Regulation
Department of Health
Manila

Sir/Madam:

I hereby apply for a clearance to operate the

a Health Maintenance Organization (HMO) located at

pursuant to the provisions of Administrative Order No. 34 series 1994. (Rules and Regulations on the Supervision of Health Maintenance Organizations)

Type of HMO

- Investor-based
 Community-based
 Cooperative

Date established: _____

Amount of Capitalization: _____

To facilitate processing of my application, I am submitting the enclosed complete requirements enumerated in the attached checklist.

Very truly yours,

Name and Signature

Designation/Position