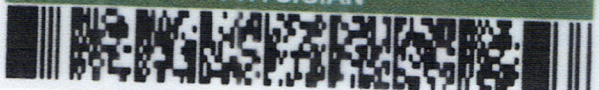


Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD



LAST NAME ► BONGON
FIRST NAME ► ROXANNE
MIDDLE NAME ► JAYME
REGISTRATION NO. ► 0106381
REGISTRATION DATE ► 09/23/2005
VALID UNTIL ► 08/27/2026

PHYSICIAN



PhilHealth
Your Partner in Health

ACCREDITED PROFESSIONAL HEALTH CARE PROVIDER



BONGON, ROXANNE J.
Accreditation No. 1201-1224416-4
Validity Period: Aug 27, 2023 - Aug 27, 2026
Profession: PHYSICIAN
PIN: 120505382701

230526-00780

EMMANUEL R. LEDESMA JR.
President and Chief Executive Officer



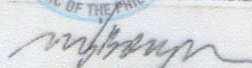
Professional Regulation Commission
www.prc.gov.ph

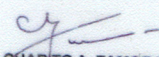
CERTIFICATION

22-5698665

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.


Signature of Professional


CHARITO A. ZAMORA
Chairperson

Signature of Cardholder

IMPORTANT

1. This accreditation is valid until sooner revoked, suspended or withdrawn for violation of the accreditation rules and regulations.
2. This card is non transferable.
3. If this card is lost or stolen, please immediately notify the PhilHealth office at Tel no.: (+63) (2) 8637-6265.

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Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD



LAST NAME ► BONGON
FIRST NAME ► ROXANNE
MIDDLE NAME ► JAYME
REGISTRATION NO. ► 0010465
REGISTRATION DATE ► 10/09/1999
VALID UNTIL ► 08/27/2026

NUTRITIONIST DIETITIAN



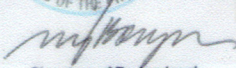
Professional Regulation Commission
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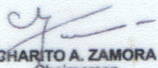
CERTIFICATION

22-5698692

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.


Signature of Professional


CHARITO A. ZAMORA
Chairperson