

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Hospital Name]
[Hospital Address]
[City, State, ZIP Code]

Dear [Hospital Administrator/Admissions Officer],

Subject: Request for Hospital Admission Approval

I hope this letter finds you well. I am writing to request approval for my upcoming hospital admission scheduled for [date] due to [brief description of medical condition or reason for admission].

As a member of PhilHealth, my membership number is [Your PhilHealth Number]. I have attached the necessary documents including my PhilHealth ID, medical certificate from my attending physician, and any other relevant medical records required for the admission process.

I kindly ask for your assistance in processing my admission approval at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]