



REVVING UP TO HIGHER GEAR

IntelliCare is presently undergoing several tactical moves in response to the expected increase in production requirements on the back of recent partnerships with huge and progressive companies led by the biggest call center in the country, a pharmaceutical company, an embassy and other major industrial companies. On the whole, however, these are in step with our work commitment of giving the best available, accessible and affordable service to our partners, clients and friends.

Honing further its tested 24/7 skills, our call center section has properly conditioned its personnel in yet another onslaught of calls for servicing. The said



center's PABX System, a nationwide industrial model of an effective delivery system in local telephony, now averages 4,000 calls a day and will soon be upgraded to absorb more calls. Strategic training for the staff, together with an ongoing computer audit and functional review to improve necessary skills and overall efficiency, are also in line in anticipation of increase in work load. Likewise, future space requirements are carefully being studied, even as we mobilize efforts to maximize present resources, at the Head Office, Regional Offices, Office Branches and at the various clinics of the company.

The Management Team in action.



Intellicare

GOING BEYOND BORDERS

Mario Silos, president of IntelliCare, one of country's top Health Maintenance Organizations (HMOs), has proclaimed that if it wants to grasp the further reaches of the industry and correct any misconceptions the public may have developed for it, an HMO should be able to improve on their services – innovate if it must.

Not that it hasn't delivered on its promises. IntelliCare, in fact, is proving to be a step ahead of its peers. For innovate is what it has done. Having successfully reached the top after being in existence a mere 10 years, IntelliCare is looking at more possibilities to improve the HMO industry.

Starting with 2 products that are both a first in the industry.

Family Care

Family Care is a health plan that caters to families of Overseas Filipino Workers.

For years, the opportunity to offer managed health care to OFW's families has been overlooked. One reason might

be the thinking that since they are abroad after all to earn more money than they would here, they can easily afford any unplanned medical expenses.

IntelliCare deemed it best to develop this product for OFWs and their families simply because having an HMO will prove to be the better and safer way to go.

With a Family Care health plan, their loved ones in the Philippines will have immediate access to quality medical services eliminating hassles or delays that may otherwise arise. As with health plans, expenses are better managed vs. those medical emergencies that may catch one financially offguard. OFWs are afforded the peace of mind knowing that their families' medical needs will be taken care of even if they are miles away. With IntelliCare being a hospital-based health care provider and having the widest network in the country, their families (whether in Manila or in the provincial

areas) will have easy access to leading hospitals and medical providers for any medical and even dental needs. IntelliCare boasts of a network of more than 450 accredited hospitals and clinics and the over 6,900 affiliated medical practitioners and professionals nationwide.

The plan is initially available to families of OFWs in Australia. IntelliCare is tied-up with the World Insurance



Network (WIN), a worldwide distributor of health and insurance products, as their marketing arm in Australia.

Assist America

IntelliCare has also gone beyond borders. This product is another first in the industry.

In the past, like all other HMOs, IntelliCare's coverage was limited to the Philippines. Clients were usually on their own whenever they had unplanned medical expenses when abroad.

Since a number of IntelliCare's clients and potential clients regularly travel, the company launched in September of 2004 a global emergency medical service via a tie-up with Assist America.

Assist America is the largest provider of global medical emergency services through employee benefits in the US.

So if you're an IntelliCare cardholder and are a subscriber to the Assist America program, you can take comfort in knowing that even when you travel out of the country, you are covered.

Should you have a medical emergency, you can simply get in touch with Assist America's Operations Centers which is

accessible 24/7. Their Operations Centers are staffed with multi-lingual and professional medical personnel who offer consultation and assistance.

If your IntelliCare plan is subscribed to Assist America, you can avail of a host of key benefits from medical consultation, hospital admission, emergency medical evacuation, critical care monitoring, prescription assistance, medically supervised repatriation and more.

IntelliCare is the only HMO that has a tie-up with the company.

Third Party Administration (TPA) Program

IntelliCare is also flexible. On top of these innovations and the HMO Program, IntelliCare also offers other significant products such as the Third Party Administration (TPA) Program.

This arrangement is perfect for companies that only have minimal budget for a health care program or those whose utilization are not much.

TPA Program relieves clients of some financial pressures.

(Continued on page 4)

UPDATES.....

Please be informed that the following Medical Providers are already in our list. Clients who want to avail their medical services will now be accepted.

HOSPITAL / CLINIC

MA. ESTRELLA GENERAL HOSPITAL

Tawiran, Calapan City, Oriental Mindoro
Tel.No. (043) 286-7388 / 286-7386-88 / 441-0492
Telefax: 441-0079
Administrator / Coordinator : Dr. Mita N. Goco
HMO Clerk : Ms. Lenie A. Luzon

PAHILAN FAMILY CLINIC

Coordinator: Dr. Ofelia C. Pahilan
Don Carlos, Bukidnon

ZAMBOANGA POLYMEDIC HOSPITAL, INC.

Nuñes Extension, Zamboanga City

HEALTH DELIVERY SYSTEM, INC.

Coordinator: Mr. Florencio Sta. Maria
Edsa Central, Central Pavillon, Mandaluyong City
Tel.No. 634-5714
Telefax: 634-5705

CENTRALLE MEDICAL DAIGNOSTIC AND POLYCLINIC

Unit 507 RDF Building, Old Zabarte Road, Camarin Novaliches
Tel.No. 961-3717, 961-3987

ANTIPOLO CITY MEDICAL CENTER

126 Sumulong Highway, Masinag, Antipolo City
Coordinator: Dr. Don Winston G. Cornel
Tel.Nos.: 646-4386, 646-0664, 646-4607 & 646-6598
Fax: 250-0676

MOTHER TERESA OF CALCUTTA MEDICAL CENTER

Barangay Maimpis, City Of San Fernando Pampanga
Coordinator: Dr. Rey Melchor Santos

SAINT GABRIEL HOSPITAL, INC.

G. Pastrana St., Kalibo, Aklan
Coordinator : Dr. Jacinta S. Legaspi
Tel.No. (036) 262-7193 / Telefax (036) 262-7315

BERNARDINO GENERAL HOSPITAL

680 Quirino Highway, Novaliches, Quezon City
Coordinator: Dr. Yolanda B. Lim
Tel.No. 4196222 / 9366050 / 9396470

KASAMA KA POLYCLINIC & LABORATORY

9655 JM Loyola St., Brgy. Maduya, Carmona Cavite
Telefax: (046) 430-0998

MED CENTRAL INCORPORATED

Level 1 Food Blvd., Robinsons Galleria, Edsa cor. Ortigas Ave., Q.C.
Tel.No. 633-4567

EXCLUSIVELY FOR ACNIELSEN ONLY

DENTISTS

DR. GRETO GIBSON GARCIA

Garcia Bldg. Catarata St., Valencia City
BY APPOINTMENT
(088) 828-4152 / 222-2744

DR. RHEAN MARIE JAO DE LEON

G/F 24 Cristar Bldg., Solchuaga St., cor. Pasong Tirad, Makati
Mon-Sat- 10:00am-7:00pm
By Appointment
Tel # 899-5755 / 0917-7929927

DR. ABIGAIL V. GLODOVIZA

Kasama Ka Polyclinic
9655 J.M. Loyola St., Brgy. Maduya, Carmona Cavite
Mon-Thu 8:00am-5:00pm
Fri-Sun By Appointment
Tel. # (046) 430-0998

DR. MA. LOURDES DE LEON

First Option Dental Corp.
2/L Robinson's Pioneer, EDSA cor Pioneer St., Mandaluyong City
Mon-Sat 10:00am-8:00pm
Tel # 667-3792



64% of RP Population Now Covered by PhilHealth

SIXTY four percent of the country's population now enjoy health insurance coverage under the Philippine Health Insurance Corporation (PhilHealth).

In a pre-11th Anniversary media briefing held in Quezon City recently, Lorna O. Fajardo, Officer-in-charge of the Office of the PhilHealth President and CEO said that at the close of 2005, PhilHealth registered a total active membership base of 12.5 million members, or about 54 million beneficiaries nationwide.

"This represents about 64 percent of the entire RP population of 85 million, bringing us closer to our goal of universal coverage," Fajardo said. She said that vigorous efforts at marketing the National Health Insurance Program (NHIP) to the five major sectors being served by PhilHealth, coupled by the national and local governments' support for the program, were the primary factors for this unprecedented membership record. The five sectors include the employed, the individually paying, the non-paying, the sponsored and the overseas Filipino workers.

Fajardo added that the turnover of the Medicare program for OFWs from the Overseas Workers Welfare Administration (OWWA) also contributed significantly to the increase in membership base. "Through our Overseas Workers Program, we were able to enlist more than 700,000 members by year-end," she said.

Of the estimated 54.5M beneficiaries, 41 percent comes from the private employed sector while about 24 percent comes from the sponsored sector. The government employed sector accounts for 15 percent while the individually paying sector accounts for 14 percent. The OFW sector accounts for 4.9 percent of the membership pie while the non-paying sector accounts for .6 percent of the entire membership distribution.

To date, PhilHealth has the biggest membership base among all other government social security agencies. It is open to self-employed individuals, to retirees and pensioners, to OFWs, as well as to indigent families whose coverage are sponsored by local government units, private companies and individuals. On the other hand, coverage is mandatory for government and private sector employees, including household employees.

3K Health Care Facilities Now Accredited with PhilHealth

ALMOST 3,000 institutional health care providers are now accredited with the Philippine Health Insurance Corporation (PhilHealth), ensuring more avenues through which health insurance benefits may be availed of by its 54 million members nationwide.

In a pre-11th Anniversary media briefing held at the Annabel's Restaurant recently, Lorna O. Fajardo, Officer-in-charge of the Office of the PhilHealth President and CEO said that at least 1,564 hospitals or about 91 percent of the total number of hospitals in the country today, are already accredited with PhilHealth. "This means that there are now more health care facilities through which our members may avail themselves of their PhilHealth privileges," she said.

Fajardo added that about 882 rural health units in various parts of the archipelago are similarly accredited, providing out-patient diagnostic benefits to members under the Sponsored Program. These benefits include screening for cervical cancer, digital rectal exam, counseling for lifestyle modification, complete blood count, urinalysis, fecalysis, sputum microscopy, among others.

"We have also accredited 98 maternity clinics through which our members may avail themselves of our Normal Spontaneous Delivery Package and other maternity-related benefits," she reported. On the other hand, 108 TB-DOTS Centers have been accredited to provide short-course treatment for tuberculosis patients, while 17 free standing dialysis centers have been accredited for patients with peritoneal and hemodialysis requirements. Some 27 ambulatory surgical clinics are similarly accredited for members' surgical needs which PhilHealth compensates for.

"We continue to expand our service delivery network but we also make sure that we forge ties only with those facilities that provide high-quality medical care services for the benefit of our members," Fajardo emphasized. "Through accreditation, we are able to guarantee our members that the highest quality of medical service is given them, whenever and wherever they may need these most."

RP's Doctors Seek PhilHealth Accreditation

MORE and more of the country's health care professionals are seeking accreditation with the Philippine Health Insurance Corporation (PhilHealth), indicating a growing interest in being part of the service delivery network of the government agency.

This was the statement made by Lorna O. Fajardo, Officer-in-charge of the Office of the PhilHealth President and CEO in a media briefing at the Annabel's Restaurant recently on the occasion of PhilHealth's 11th Anniversary.

Fajardo said that as of December-end 2005, there are 21,148 medical professionals accredited with PhilHealth. She added that 10,357 or 48.9 percent of these doctors are specialists, 10,486 or 49.5 percent are general practitioners and 218 or 1.03 percent are dentists.

"We also have around 87 accredited midwives providing quality medical care to child-bearing mothers and neonatal care for the newborn," she said.

The PhilHealth OIC also stressed that accrediting medical practitioners is one way by which PhilHealth is able to ensure the quality of service being availed of by its 54 million-strong membership. "Our mandate does not end with health care financing; rather, we are committed to similarly ensure that our members are able to avail themselves of the highest quality of medical care from our medical professionals," she said.

By being accredited with PhilHealth, doctors, dentists and midwives are entitled to financial benefits for the services they provide to PhilHealth members. Surgeons are entitled to a maximum of P16,000 while anesthesiologists are entitled to a maximum of P5,000 per single period of confinement, depending on the corresponding relative value unit of the surgical procedure done on a patient.

"We continue to find ways by which we could compensate our medical practitioners better, with the end in view of encouraging them to stay and serve our fellowmen first before seeking greener pastures overseas," Fajardo said.

BALANCE OF HEART & MIND



Dr. Benedict Cruz

For Dr. Benedict Cruz, IntelliCare coordinator at Makati Medical Center, the practice of medicine entails a balance of the heart and the mind. As a surgeon he is fascinated by the workings of the human body and is gratified to see immediate results after an operation. And yet he treats his patients like family always providing them with compassion and the best options for proper treatment.

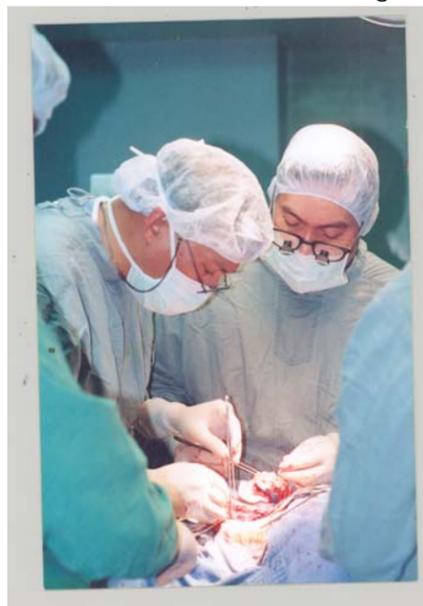
His passion for medicine can be traced to his idolizing a cousin who is an OB-gynecologist. She is the first doctor in the family and is now based in Kentucky. While growing up he was determined to be the second doctor in the family. He took up his pre-med course at the University of the East, finished his studies in medicine at the UERM in Sta. Mesa and spent his internship at the Batangas Regional Hospital. Dr. Cruz took up his residency at Makati Medical Center from 1985-1990. He has continued his ties with the hospital, practicing his profession in his third-floor clinic for the past 15 years.

The 49-year old doctor still remembers his first anatomy class. He had mixed feelings of curiosity, excitement, and repulsion. But soon he wanted to know more that he volunteered to do prosect, the process of preparing the cadavers for the first year anatomy students to dissect. Like all doctors, he pursued knowledge like there was no tomorrow. Many years later, he spent a year in North Carolina to learn more about vascular surgery. There he soaked himself in the atmosphere of Western style, high technology medicine. He noted that patients in the United States are very well informed and will not hesitate to get a second or even a third

opinion before undergoing any medical procedure.

In the Philippines, Dr. Cruz says, patients nowadays are learning to ask the right questions about the diagnosis and treatment plan of their doctors. Thanks to the Internet. But in the rural areas it is a different scenario. Most rural folks are passive patients and they revere doctors as learned men of science. It was a humbling experience he will never forget. He was assigned in Boracay for his rural service. (*Editor's note: Medical graduates were required before to render service in the rural areas while waiting for the results of the board exams.*) Boracay did not have electricity yet and was still undiscovered by local and foreign tourists. It was in this tiny island in Aklan that he delivered a baby with only a flashlight and a lamp as the only source of illumination. He also visited the sick by hitching rides in a motorbike. And it was not unusual for him to be gifted with live chickens and vegetables from grateful patients.

His exposure to simple and trusting rural folks left a lasting mark. He realized that being a doctor is a gift. Ever since then, Dr. Cruz has used this gift



to the best of his abilities. His involvement with IntelliCare the past 9 years has widened his circle of patients who have received his medical care and surgical skills. He also serves at the Fort Bonifacio Gen. Hospital once a week with Dr. Victor Gisbert. His practice has made him very busy. He feels guilty in not spending more time with his family. But they understand the demands of his profession.

Dr. Cruz almost has no downtime. He looks forward to attending conferences abroad, a good opportunity for his

continuing education yet a respite from his practice. He also unwinds by playing the piano and guitar for a band composed of doctors from Makati Medical Center. When asked the name of the band, he laughingly said "it is a no band."

He ends the interview by sharing a favorite quote from the book '*The Making of a Surgeon*' that's archived in his cellphone. It goes "The internist knows everything but doesn't do anything. The surgeon knows something but doesn't do everything. The pathologist knows everything but it's too late."

Testimonials

April 3, 2006

Mr. Mario M. Silos
President
Intellicare

Dear Mr. Silos,

I am writing this letter to express my thanks for the service and care received by my wife last week while confined at Cardinal Santos Hospital for the removal of her gall bladder.

Special thanks to Dr. Aaron Agdamag and his team who did the operation, Ms Che who is your liason at Cardinal. Ms. Pen pen Sibuga who had a meeting at Cardinal and passed by to check my wife, the messages from Jeremy and others officers and staff and finally for the flowers sent by IntelliCare.

More Power to your organization.

Again, on behalf of my family our sincere thanks.

Very truly yours,

Andrei Misa Vallejo
President
Servir Insurance Agency, Inc.

May 19, 2006

Ms. Josephine Sabuga
Manager
Membership Services Department
IntelliCare

Dear Ms. Sabuga,

Good day. Last April 10, I checked in at the Medical City for a carpal tunnel depression. My carpal tunnel syndrome has been bothering me for the past four years and I have decided to heed my doctor's advice to have it operated.

I am writing this letter to let you know that your patient relations officer, Mr. Jojit Jimenez, really took good care of me during my three-day stay in the hospital. He visited me everyday and assured me that the operation will go well. (It was my first time to be operated under general anaesthesia.) He also assisted me during my discharge on the 12th of April so everything went smoothly.

My surgeon Dr. Albert Quintos, and the anaesthesiologist Dr. Lumos, of Medical City also did their job well. I commend IntelliCare for having skilled and professional doctors in its network.

Again, thank you and more power to your organization.

Very truly yours,

Marissa Beltran-Ancheta

STRESS

Stress is defined as the “non-specific response of the body to any demand made on it.” We as office workers, experience this everyday and we wish something has to be done about it.

There are physical reactions to stress: rapid, uneven or pounding heartbeat, muscle tension, fast and shallow breathing, over-alertness, sweating, muscle weakness or trembling, change in appetite, headaches and back aches, chest discomfort and dry mouth or throat among others.



But there are likewise emotional reactions to stress and these are: feeling mentally drained, feeling under pressure, tense and unable to relax, frustration and aggression, irritability and frequent complaining.

To counter the excesses of this malady, several recommendations had been considered. These are to avoid smoking, avoid encounters leading to stressful situations, limit to alcoholic drinks, maintain an ideal weight, indulge in regular exercise, maintain a normal blood pressure and stick to low fat, low salt and high fiber diet.



Here are some suggestions on what questions to ask our parents while they are still healthy.

CARING FOR AGING PARENTS

There is this distinct Filipino trait of caring for our elders that is known throughout the whole world, and that is whenever possible, we do not send our elders to rest homes. This is embedded in our culture and this is still a practice in the Philippines today.

At their late age in life, the problem that our parents will encounter may be financial, medical and emotional. Whatever one choose to lend support, their involvement as a son or daughter will be considerable. Children gather around the dining table to discuss how best to help their widowed, disabled or impoverished parent.

But there are several questions that we can ask our parents while they are still healthy:

1. **Where would you like to live?**
Consider medical assistance should be nearby and their house disable-friendly.
2. **Can you comfortably meet your expenses?**
Note that your parents may already be on the financial edge, and that your separating from them will not help in easing this burden to them.
3. **Where do you keep your important documents?**
You must have a listing of the names and phone numbers of your parents' accountants, lawyers, stockholders, financial planners or insurance agents. There should be a key to their safety deposit boxes and a knowledge of their burial lot purchases. A locked box should have copies of their living wills or wills or powers of attorney.
4. **Do you have adequate health insurance?**
It's important to know the kind of private supplemental or government insurance they have, if only to help defray their medical costs.
5. **Who will handle your affairs if you become incapacitated?**
If your parents do become incapacitated, you could be forced into the time-consuming, expensive and embarrassing process of petitioning a court to declare them incompetent and to get a guardian to manage their money.

Going Beyond Borders...Continued from page 1

For instead of paying a fixed periodic premium, clients agree to deposit on behalf of its enrolled members, a fixed amount of money called a health fund that will be administered and exclusively used by IntelliCare for payment of healthcare services and benefits that have been availed of principally through Intellicare's network of affiliated healthcare providers.

The health fund is then replenished regularly by the client to ensure

that in no case shall the fund be less than the agreed amount (usually 50% of the initial fund). Clients only pay for what is utilized. Replenishment of fund has no frequency in billing as long as it has not reached 50% of the initial fund. In exchange for administrative services rendered, IntelliCare charges against the health fund its administrative fees, access fees to the network and other medical collectibles on services/benefits which are not covered by or in excess of the pre-agreed limits.

In using the IntelliCare network through the TPA Program, clients enjoy discounts for services rendered.

ntelliCare shot to the top by delivering on its promises and adding a human side to the business. It continues to do that with every product or service it introduces.

Product innovations such as Pamilya Care and Assist America were developed to better serve the

interest of its clients - that being their health.

Considering IntelliCare's track record, this won't be the last innovations its existing and potential clients can expect. For IntelliCare, the intelligent thing to do is to continuously improve.

For more information about IntelliCare and their products, you can call their 24-hour Customer Service Number (02) 894-3386 or visit their website at www.intellicare.com.ph.

HOSPITAL HUMOR



By: Donna Martinez

How nurses do it
Nurses do it painless.
Nurses do it with TLC.
Nurses do it with care.
Nurses do it with intensive care.

You Might Be a Nurse if...

When using a public restroom, you wash your hands with soap for a full minute and turn off the faucets with your elbows.

Your favorite dream is the one where you leave a mess at a patient's bedside and tell a doctor to clean it up.

Men assume you must be great in bed because of the 9 billion porn movies about nurses.

Everyone, including complete strangers, tells you about each and every ache and pain they have.

You want to put your foot through the TV screen every time you see a nurse on a soap opera doing nothing but talking on the phone and flirting with doctors.

You can almost SEE the germs on doorknobs and telephones.

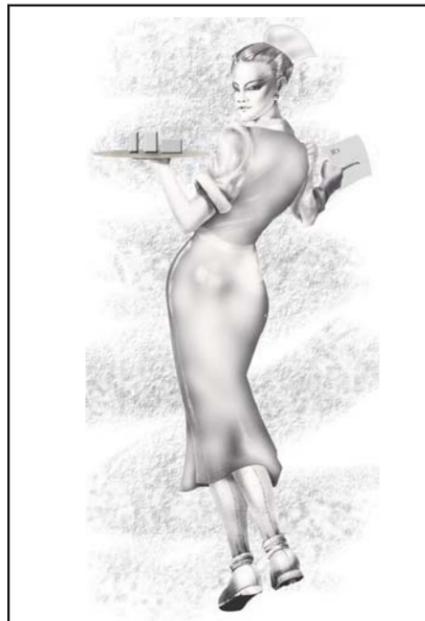
You can watch the goriest movie and eat anything afterwards, even spaghetti with lots of tomato sauce.

You use a plastic 30cc medicine cup for a shotglass.

How many nurses does it take to change a light bulb?

None, they just have a nursing assistant do it.

The nurse came in, picked up the urine bottle and said, "It seems we are a little cloudy today..." At this,



Harry snatched the bottle out of her hand, drink its contents, saying, "Well I'll run it through again, maybe I can filter it better this time."

What's the difference between a surgeon and a puppy?

If you put a puppy in a room by itself for an hour, it'll probably stop whining.

Interns think of God,
residents pray to God,
doctors talk to God,
nurses ARE God.

What's the difference between a nurse and a nun?

A nun only serves one God.

The nurse who can smile when things go wrong is probably going off duty.

Why did the nurse always insist on using the rectal thermometer to obtain temperatures?

Because nurses are taught in nursing school to always look for their

patient's best side.

Did you hear about the nurse who died and went straight to hell? It took her two weeks to realize that she wasn't at work anymore! DID you hear the story about a doctor who told his patient that she had only six weeks to live? Shocked, the patient said: "Oh doctor, this is all so sudden. I don't even know how I can pay you in six weeks." In that case, I am giving you another six months to live," the doctor replied.

THE STORY is told about a congressman who visited an old folks' home. As part of his publicity campaign, he went around shaking hands with everyone. As the cameras clicked and rolled, he stopped for an old man at the corridor and asked him, "Lolo do you know who I am?" The old man just stared at him, and after some moments replied: "No, but if you'll ask one of the nurses, she'll tell you."

A doctor calls his delinquent patient. "Mrs. Santos, I am sorry to say that your check returned yesterday. " So did my arthritis", Mrs. Santos answered and hanged the phone.

A lawyer asks a doctor at a benefit dance. "Doctor, what do you do to people who wants free advice while in a social event?" "I tell them to undress" the doctor answered.

An alien empire sent a flying saucer to earth to find out what kind of beings live here. Upon returning to its home planet, the spaceship's commander reported his findings.

"The most useless thing on earth is the human male, " he began.

"Why did you say that?" the emperor asked.

"He is composed of useless body parts." "What do you mean?"

"Well, he has 20 nails that can't be hammered, an Adam's apple that can't be eaten, two nipples that have no milk, two eggs that can't be fried, and a bird that can't fly."

SIGNS:

In the front yard of a funeral parlor: "Drive carefully. We can wait."

Over a gynecologist's office: "Dr. Romero, at your cervix."

At a tire shop: Invite us to your next blowout."

On a Septic Tank Truck in Oregon: "Yesterday's Meals on Wheels."

On an Electrician's Truck: "Let us remove your shorts."

On a Plumbers' truck: "Don't sleep with a drip. Call your plumber."

THE STORY is told about a wife who boasted: "my husband and I have such a peaceful life. We never have any arguments. Whenever I am right, he gives in." "What about when he is right?" someone asked her. "Oh, that never happens" was her reply.

Try out this proofreader's delight.

I cdnuolt blveiee taht I cluod aulacly uesdnatnrd what I was rdgnieg. The phaormneal pweor of the hmaun mdni - aoccdnrig to a rscheearch at Cmabrgde Uinervtisy, it deons't mtttaer in what order the lttters in a word are, the only iprmoatnt thing is that the frist and lsat ltteer be in the rghit place. The rset can be a taotl mses and you can still raed it wouthit a porbelm. This is bcuseae the human mind deos not raed ervey lteter by islef, but the word as a wlohe. Amzanig huh? Yaeh and I awlyas thought slpelling was ipmorant!

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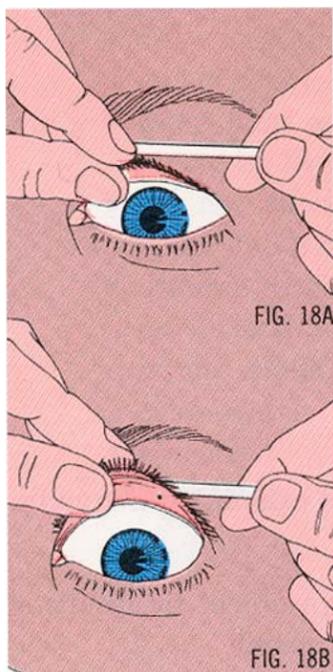
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FIRST AID EYE INJURIES



1. Keep the victim from rubbing his eye.
 - a. While the victim looks down, grasp the lashes of the upper lid gently.
 - b. Pull the upper lid forward and down over the lower lid. Tears may dislodge the foreign object.
 - c. If the foreign object has not been dislodged, depress the victim's upper lid with a matchstick (Fig. 18A) or similar object placed horizontally on the top of the cartilage and evert the lid, by pulling upward on the lashes against the matchstick (Fig. 18B). Lift off the foreign object with the corner of a clean handkerchief and replace the lid by pulling downward gently on the lashes.
 - d. Flush the eye with water.
 - e. If the object is still not removed and is suspected to be embedded, apply a dry, protective dressing and consult a physician.
 2. Wash your hands thoroughly before examining the victim's eye.
 3. Do not attempt to remove a foreign object by inserting a match, tooth pick, or any other instrument.
 4. Refer the victim to a physician if something is embedded in the eye, or if something is thought to be embedded but cannot be located.
- C. Removal of a foreign body from the surface of the eyeball or from the inner surface of the eyelid**
1. Pull down the lower lid to determine whether or not the object lies on the inner surface.
 2. If the object lies on the inner surface, lift it gently with the corner of a clean handkerchief or paper tissue. Never use dry cotton around the eye.
 3. If the object has not been located, it may be lodged beneath the upper lid.
- D. Injuries**
1. Injury of the eyelid
First aid in injury of the eyelid as follows:

- a. Stop hemorrhage by gently applying direct pressure.
 - b. Cleanse the wound and apply a sterile or clean dressing, which can be taped in place or held snugly by a bandage that encircles the head. Seek medical care without delay.
 - c. Bruises above and below the eye, involving rupture of small blood vessels, should be treated by immediate cold applications to lessen bleeding and swelling.
- 2. Blunt injury or contusion**
- a. A contusion occurs from a direct blow, as from a fist, a vehicle accident, or an explosion. The most common result is a black eye.
 - b. In serious cases, the structure of the eye may be torn or ruptured.
 - c. Secondary damage may be produced by the effects of hemorrhage, and later by infection.
 - d. Vision may be lost.
 - e. Bleeding may recur after several days.
 - f. Any person experiencing a blunt injury of the eye should be seen by a physician, preferably an eye specialist, as soon as possible.
 - g. A dry sterile or clean dressing should be applied,

- and the victim should be transported lying flat.
3. Penetrating injuries of the eye
Penetrating injuries of the eye are extremely serious and can result in blindness. First aid is as follows:
 - a. Make no attempt to remove the object or to wash the eye.
 - b. Cover both eyes loosely with a sterile or clean dressing, secured with tape or a bandage that encircles the victim's head but loose enough to avoid pressure on the eyes. Coverage of both eyes is necessary to eliminate movement of the affected eye.
 - c. Keep the victim quiet, preferable on his back.
 - d. Transport the victim by stretcher.
 - e. Telephone ahead to an eye specialist, or take victim to the nearest appropriate hospital emergency room. The sooner he receives medical care, the greater the chances of saving his sight.

Foreign objects are often blown or rubbed into the eyes. Such objects are harmful not only because of the irritating effect but also because of the danger of their scratching the surface or becoming embedded in the eye.

A. Symptoms

1. Redness of eyes
2. Burning sensation
3. Pain
4. Headache
5. Overproduction of tears

B. Precautions



Amebiasis (am-e-BI-a-sis) (Entamoeba histolytica infection or E. histolytica infection)

What is amebiasis?

Amebiasis is a disease caused by a one-celled parasite called Entamoeba histolytica (ent-a-ME-ba his-to-LI-ti-ka).

Who is at risk for amebiasis?

Although anyone can have this disease, it is most common in people who live in developing countries that have poor sanitary conditions. In the United States, amebiasis is most often found in immigrants from developing countries. It also is found in people who have traveled to developing countries and in people who live in institutions that have poor sanitary conditions. Men who have sex with men can become infected and can get sick from the infection, but they often do not have symptoms.

How can I become infected with E. histolytica?

- By putting anything into your mouth that has touched the stool of a person who is infected with E. histolytica.

- By swallowing something, such as water or food, that is contaminated with E. histolytica.
- By touching and bringing to your mouth cysts (eggs) picked up from surfaces that are contaminated with E. histolytica.

What are the symptoms of amebiasis?

On average, about one in 10 people who are infected with E. histolytica becomes sick from the infection. The symptoms often are quite mild and can include loose stools, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools, and fever. Rarely, E. histolytica invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body, such as the lungs or brain.

If I swallowed E. histolytica, how quickly would I become sick?

Usually 1 to 4 weeks later but sometimes more quickly or more slowly.

What should I do if I think I have amebiasis?

See your health care provider.

How is amebiasis diagnosed?

Your health care provider will ask you to submit stool samples. Because E. histolytica is not always found in every stool sample, you may be asked to submit several stool samples from several different days.

Diagnosis of amebiasis can be very difficult. One problem is that other parasites and cells can look very similar to E. histolytica when seen under a microscope. Therefore, sometimes people are told that they are infected with E. histolytica even though they are not. Entamoeba histolytica and another amoeba, Entamoeba dispar, which is about 10 times more common, look the same when seen under a microscope. Unlike infection with E. histolytica, which sometimes makes people sick, infection with E. dispar never makes people sick and therefore does not need to be treated.

If you have been told that you are infected with E. histolytica but you are feeling fine, you might be infected with E. dispar instead. Unfortunately, most laboratories do not yet have the tests that can tell whether a person is infected with E. histolytica or with E. dispar. Until these tests become more widely available, it usually is

best to assume that the parasite is E. histolytica.

A blood test is also available. However, the test is recommended only when your health care provider thinks that your infection has invaded the wall of the intestine (gut) or some other organ of your body, such as the liver. One problem is that the blood test may still be positive if you had amebiasis in the past, even if you are no longer infected now.

How is amebiasis treated?

Several antibiotics are available to treat amebiasis. Treatment must be prescribed by a physician. You will be treated with only one antibiotic if your E. histolytica infection has not made you sick. You probably will be treated with two antibiotics (first one and then the other) if your infection has made you sick.

I am going to travel to a country that has poor sanitary conditions. What should I eat and drink there so I will NOT become infected with E. histolytica or other such germs?

- Drink only bottled or boiled (for 1 minute) water or carbonated (bubbly) drinks in cans or bottles. Do not drink fountain drinks or any drinks with ice cubes. Another way



to make water safe is by filtering it through an "absolute 1 micron or less" filter and dissolving iodine tablets in the filtered water. "Absolute 1 micron" filters can be found in camping/outdoor supply stores.

- Do not eat fresh fruit or vegetables that you did not peel yourself.
- Do not eat or drink milk, cheese, or dairy products that may not have been pasteurized.
- Do not eat or drink anything sold by street vendors.

Should I be concerned about spreading infection to the rest of my household?

Yes. However, the risk of spreading infection is low if the infected person is treated with antibiotics and practices good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food.

Varicose & Spider Veins



MEDICUS LASER & ADVANCED VEIN CARE is a center dedicated to the diagnosis and treatment of vascular disease, specializing in the treatment of venous disorders.

Paul Montemayor, MD, finished Bachelor of Science, Major in Biology, *magna cum laude*, at the University of the Philippines where he also received his medical degree. Dr. Montemayor completed his residency in General Surgery at the Medical City Hospital. He received fellowship training in Vascular Surgery at Yale University School of Medicine/Yale New Haven Medical Center. He is Assistant Professor of Surgery at the University of the East RMMMC and the Officer in Charge, Vascular Surgery Section of the Asian Hospital Medical Center. He is a Diplomate of the Philippine Board of Surgery, a Fellow and Treasurer of the Philippine Society for Vascular Surgery, and a Fellow, Philippine College of Surgeons. He is also a member of the American College of Phlebology, the International Society of Vascular Surgery, and the International Society of Endovascular Specialists.

What are varicose & spider veins?

A. Veins throughout the body return blood back to your heart. In order to do this efficiently, veins have one-way valves to prevent blood from flowing backwards (reflux). If they fail to close properly, blood will leak through the valves and result in pooling. Over time, this pooling will force the vein walls outward resulting in enlargement and sometimes bulging of the veins. These enlarge veins are telangiectasia (commonly called spider veins) or varicose veins.

Spider veins are small red, purple, or bluish veins located just below the surface of the skin. They can have a linear or web-like appearance, hence the term spider vein. Varicose veins are larger veins located deeper under the skin which are abnormally enlarged. Varicose veins can protrude from the skin surface resulting in a rope-like appearance.

Q. What are the symptoms of varicose veins and spider veins?

A. Most spider veins are nothing more than a cosmetic nuisance. In some cases, spider veins can be

associated with symptoms of itching, burning, or throbbing of your legs. Although varicose veins can also be unattractive, they are often associated with symptoms. The most common symptoms include leg pain, cramps, fatigue, heaviness, swelling, or restlessness. With more severe cases, varicose veins can lead to skin changes resulting to eczema, pigmentation, ulceration, or bleeding.

Q. How does endovenous laser therapy work?

A. Previously, treatment of painful swollen varicose veins required a surgical procedure called vein stripping, where the vein was completely removed from the leg. More recently, endovenous laser therapy has been developed to treat chronic venous insufficiency by delivering laser energy through a small puncture in the leg to close the diseased vein.

With endovenous laser therapy, no surgery is required, and the entire procedure can be performed in less than an hour in your physician's office.

During the procedure, you are awake and your leg is anesthetized. A thin laser fiber is inserted into the greater saphenous vein in your thigh. Your physician then will deliver laser energy through the fiber and into the vein, causing the vein to close.

Q. Is endovenous laser therapy painful?

A. Although individual responses vary, most people report little to no pain associated with endovenous laser therapy. Often the only sensation is felt during the delivery of the anesthetic to the leg. After the procedure you may feel some tenderness, tingling, itching or tightness in the treated leg, which should disappear within a month.

Q. How successful is endovenous laser therapy?

A. Clinical results have been published which document the success of endovenous laser treatment. Experience with well over 1,000 patients demonstrates a 93 – 97% success rate at a 2 year follow up with virtually no complications. Spider veins are small red, purple, or bluish veins located just below the surface of the skin. They can have a linear or web-like appearance, hence the term spider vein. Varicose veins are larger veins located deeper under the skin which are abnormally

enlarged. Varicose veins can protrude from the skin surface resulting in a rope-like appearance.

Q. How do I know what treatment is best for me?

A. A consultation with a physician specialized in treating venous disease is important in determining which treatment or combination of treatments is best for you.



'The more you compromise, the more you fall into a hole'



The country's Health Maintenance Organization (HMO) industry faces a problem—it has no image, at least not the kind it deserves to have. For one, there is very scant information on how it works. Hardly any intelligent discussion on the subject has therefore ensued and allowed the general public to form its own unwarranted perceptions of it.

To a lot of people, the HMO industry has become more of a commercial enterprise whereas its primary objective is to provide health care, especially in the light of the national government's campaign and efforts to provide such benefits to its people.

The Health Maintenance Organization Act of 2004 says it clearly enough: an HMO is an "organized system of managing and assuring health care services in a defined geographical area; a pre-agreed set of basic and supplemental health maintenance and treatment services; and has an enrolled group of individuals paying a fixed periodic fee." Moreover, HMO, being a "Managed Care," as described by the similar bill, is "a system of health care delivery that influences utilization and cost of services and measures performance with a goal to deliver quality and cost-effective health care."

Enter IntelliCare, an HMO that is doing just that. It's doing its fair share to help people better understand the true meaning of the industry at the level of influence that it has amassed.

For the said company's own success is a testimony that noble pursuits are always rewarded.

After merely 10 years of being in the business, IntelliCare finds itself on a rarefied plane of success—it is now one of the leading HMOs in the country. And they did it by simply being consistently good at what they do and never forgetting the nobility of its purpose.

IntelliCare, as the name suggests, is an intelligent HMO choice. Its president, Mario Silos even comfortably says that they are now at a "level of market differentiation that would indicate leadership in terms of quality service."

For why would the country's top corporations acquire their services? IntelliCare has always delivered on its promises. Word of its consistently outstanding performance quickly spread around. If truth be told, human resource department heads, company presidents and other decision-makers first look at reputations when deciding on HMO companies. After all, having an HMO is now widely considered a crucial part in the maintenance of human resources.

IntelliCare has achieved in such a short period what its peers had in a longer span of

time. Now, the company is ranked as one of the top three HMOs in the country, somewhere close to achieving a reputation of being the standard by which all other similar companies might be measured against.

This tremendous amount of success might have been forthcoming. After all, IntelliCare, Mr. Silos says, was driven by a pursuit far nobler than business related concerns.

The decision to establish an HMO company had a lot to do with a calling. Mr. Silos says, "You can make a lot of money out of other businesses that don't have real value to other people. But the founding group of this company has values that people hold on to. We wanted to make a difference, to be remembered that we had a contribution to society; that we affected people positively and in the process made a decent return to our stockholders."

That's why IntelliCare also keeps on emphasizing the level of care that they offer. For when you care enough everything else follows, they strongly believe. IntelliCare has earned such a reputation for compassion that it's now the differentiating factor that clinched for them the clients that they now have and also the one that makes them stay.

Road to Success

IntelliCare managed to plot a course en route to success in its first ten years by being consistent in pace, no matter how rough the road may have been at certain points.

It wasn't a yellow brick road from its beginnings to here for IntelliCare, after all. Like most businesses in Asia, they were challenged with the major financial debacle in 1997 when companies faced restructuring, downsizing and even closure.

The economic landscape was in bad shape. But IntelliCare was unfazed. It stuck by the value of its premiums pre-meltdown. They did not acquiesce to the market penetration strategy which holds that in order for you to gain ground, you must be prepared to lose first. The result? They grew at 30% per annum consistently.

They did not compromise on the basis of their actuarial assumptions or on the basis of service excellence. "The more you compromise, the more you fall into a hole," Mr. Silos asserts. They were a toddler by industry standards and thus hard-put to build a reputation. Anyone knows one doesn't build a good business reputation overnight. It usually takes a remarkable amount of effort, hard work and perseverance.

But build a good reputation it did. Through performance, it must be noted and not on the basis of associations.

They did not go for big name clients at once. It was hard, after all.

In its younger days, in-house sales were more significant than broker-generated sales. But IntelliCare eventually turned the tide. Past the economic meltdown and growing consistently, brokers started to bring in companies such as Dell, Coca-Cola and other major accounts for bidding.

Vision for the Company

Success has not gotten into their heads. They recognize that the initial 10 years was just spent to lay the foundation, to establish a reputation and surpass a critical mass base required for long-term stability.

The next ten years therefore beckons them to achieve market leadership both in quantity and quality of service.

And to achieve that, they have to innovate.

Thus, they are now looking into tapping new markets, those who do not yet have the comfort and convenience of having their own HMO to give them the security of health because of financial limitations.

In the future, the company wants to serve the millions in the nation's work force.

For despite the success of the HMO industry and its own, IntelliCare knows that the concept of the HMO has not yet fully developed and that it still has more than enough room for growth. Health care after all, is a function of demography and the Filipino population is definitely maturing.

One of its notable innovations is the recently launched program called Pamilya Care. This is designed specially for OFWs and the families they leave behind here. HMOs are almost always an alien concept to this part of the populace.

Observers should note that there will be a lot of these innovations to come from IntelliCare.

Mario Silos asserts that HMOs should be a bridge to a point where health services should be accessible and affordable to all.

But it has to be a bridge that is sturdy. With the awe-aspiring amount of success it is now enjoying, it looks like IntelliCare will be a very tough bridge on which many can cross to better health services for a very long time.

Humanizing
Health Care
with
IntelliCare

IMPORTANT NOTICE:

- Incremental charges will be billed to the member for the following cases: a) **Voluntary upgrading room category**, b) **unfiled Philhealth** c) **exceeded MBL**, d) **excess in benefit limits**, e) **non-covered services/items**
- If treated in a non-accredited hospital, secure the following documents: **Official Receipts of the Hospital bill and Professional fee/s. Medical Certificate, Charge Slips, Itemized Statement of Account.** etc. upon discharge and submit to **IntelliCare** together with a fully accomplished **IntelliCare Reimbursement Form.**

**INTELLICARE 24/7 CUSTOMER SERVICE NUMBERS: [Trunkline 894-3386
Cellphone 0920-9518452 Other cellphone numbers for emergency assistance [during office hours]: 0920-9073698 / 0920-9073699 / 0920-9026019 / 0920-9073707**

