



PHILIPPINE DENTAL ASSOCIATION INC.

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MEMORANDUM NO. 2020-0035

TO : All PDA Active Members
FROM : OFFICE OF THE PRESIDENT
DATE : May 3, 2021
SUBJECT : Welfare and Trustfund Updates

The Office of the President would like to correct an earlier memorandum released with number 2020-0035, on May 3, 2021 entitled Welfare and Trust Fund Updates. The said document should only be signed by the president and not by the former Chairman Dr. Emmanuel Centeno as he has already resigned from his position as Chairman of Welfare and Trustfund Committee. The vacated post was placed under the supervision of the Office of the President. Moreover, we would like to correct the date release of the document from April 30, 2021 to May 3, 2021.

We have again released a new memorandum to replace the one mistakenly released. The Office of the President apologizes for any confusion we may have caused for the omission.

Sincerely yours,

DR. ALVIN M. LAXAMANA
President



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Approved Guidelines for PDA-WTF financial / medical assistance for members who are hospitalized due to affliction with Covid-19 in this time of pandemic.

1. The Covid 19 PDA-WTF medical assistance, will be given only to active PDA members.
2. The PDA Executive Board approved the inclusion of Covid-19 as critical illness for those members who has been hospitalized due to this pandemic disease.
3. A full assistance of twenty-five (Php 25,000.00) will be given to a member with continuous fifteen (15) years of membership as stated in our guidelines.
4. Pro-rated medical / financial assistance will be given to a member who have not reached the required number of years of continuous membership. Availment of Pro-rated Covid 19 medical assistance is subject to approval of the member upon consultation with the WTF committee.

(Php 25,000 / 15 x no of updated years of continuous membership)

5. Effectivity date July 10, 2020.

Note: One-time availment of living dentist / medical assistance is applied to all availing PDA members.

Requirements

1. Written request by the active member, chapter president or any family members on behalf of the hospitalize / Covid 19 afflicted member.
2. Medical Certificate / medical record from hospital certifying that member is admitted due to Covid-19 affliction
3. Copy of Covid-19 RT-PCR Test Result
4. Certificate of Chapter Membership

DR. ALVIN M. LAXAMANA
President



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