

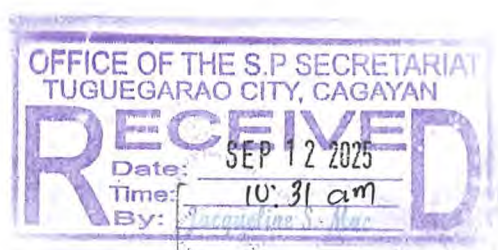
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Republic of the Philippines
Province of Cagayan
TUGUEGARAO CITY

Phone number: 0953-588-3721 | email address: cmotuguegaraocity@gmail.com



OFFICE OF THE CITY MAYOR

12 September 2025

THE HONORABLE MEMBERS

Sangguniang Panlungsod
This City

Thru: HON. ROSAURO RODRIGO G. RESUELLO
Vice Mayor and Presiding Officer

Dear *Honorable Members of the Sanggunian*:

Herewith is the Memorandum of Agreement between Tuguegarao City Government and Padilla Villasis Optometric Clinic relative to the application for PhilHealth Optometric Benefit Package, for your information and appropriate action.

Thank you!

In the name of public service,

MAILA ROSARIO S. TING-QUE
City Mayor

For and by authority of the City Mayor

JUANITO A. CALUBAQUIB
City Administrator
Officer-in-Charge

Copy furnished:

- CHO
- City Legal Office





CITY HEALTH OFFICE

September 11, 2025

HON. MAILA ROSARIO S. TING-QUE
City Mayor
Tuguegarao City, Cagayan

Dear Mayor,

Greetings of peace and good health!

This is to respectfully inform your good office that I have thoroughly reviewed the **Memorandum of Agreement (MOA)** between the **City Health Office** and **Padilla Villasis Optometric Clinic**. Upon evaluation, I find the provisions of the agreement to be in order, beneficial, and aligned with the objectives of our health programs.

In view of the foregoing, I respectfully recommend the approval and execution of the said MOA.

Thank you very much for your continued support to the health initiatives of Tuguegarao City.

Respectfully yours,


ROBIN R. ZINGAPAN, MD, FPSMS, DPCAM
City Health Officer



PADILLA
VILLASIAS

Padilla-Villasias Optometric Clinic
29B Rizal St., Centro 4, Tuguegarao City
Contact: 0917-569-8186 / 0906-268-6445

Date: Aug 23, 2025

Hon. Maila Ting-Que

City Mayor

City Government of Tuguegarao

Tuguegarao City Hall

Tuguegarao City

OFFICE OF THE CITY MAYOR

Date: AUG 26 2025
Time: 10:50 AM
By: [Signature]

Subject: Application for PhilHealth Optometric Benefit Package and Request for Approval of MOA with the City Health Office

Dear Hon. Mayor Ting-Que,

Warm greetings from Padilla-Villasias Optometric Clinic—a legacy clinic established in the 1970s and proudly serving generations of families in Tuguegarao and beyond.

We respectfully submit this letter as a formal application to participate in the PhilHealth Optometric Benefit Package for Children aged 0 to 15 years old. In compliance with PhilHealth Circular 2025-0002 and in line with Republic Act No. 11358 (National Vision Screening Act), one of the requirements for accreditation is the execution of a Memorandum of Agreement (MOA) with the City Health Office. We humbly seek your approval and support to enable us to comply with this requirement under your esteemed leadership.

At the heart of our clinic is Dr. Jemimah Joy V. Locsin, O.D., POVDR, a Pediatric Optometrist and specialist in Vision Therapy and Rehabilitation. Her training includes Developmental and Behavioral Optometry, Color Vision Enhancement, Myopia Management, and Syntonic Phototherapy—providing comprehensive support for children with ADHD, Autism, Strabismus, and Learning Disabilities.

She works alongside two dedicated professionals—Dr. Josephine Padilla Villasias, DPA Certified Optometrist and Contact Lens Specialist who helped establish the clinic more than four decades ago, and Dr. Kyril Locsin, a dynamic clinician with a modern approach to community-based eye care. Together, we offer a wide range of vision services including:

Complete Eye Evaluations

Pediatric Vision Care

Vision Therapy and Rehabilitation

Color Vision Testing and Enhancement

Myopia Management

Strabismus and Binocular Vision Correction

Developmental and Behavioral Optometry

Support for children with ADHD/ADD, Learning-Related Visual Problems, Visual Information Processing Disorders, Autism, and Traumatic Brain Injury

Specialized evaluation and support for the deaf, non-verbal individuals, and children with developmental conditions such as Down syndrome

As a family-rooted clinic, our commitment goes beyond clinical care—we have built strong ties within the community and schools, and we firmly believe in early detection and timely intervention, principles that echo the goals of R.A. 11358. We are ready to collaborate closely with the City Health Office and other stakeholders to ensure that no child in Tuguegarao is left behind due to unaddressed vision problems.

We deeply admire the City Government's leadership in championing public health and inclusive services for children. With your approval, we can move forward in securing the MOA with the City Health Office and fulfill PhilHealth's requirements for accreditation, thereby expanding much-needed access to vision care for the children of Tuguegarao.

It is with great respect that we seek your support and endorsement. Together, let us help ensure that every Filipino child sees clearly the promise of their future.

With highest regard, -


Dr. Jemimah Joy A. Locsin, O.D., POVDR
Pediatric Optometrist & Vision Rehabilitation Specialist

On behalf of:

Dr. Josephine Padilla Villasis, O.D.

Dr. Kyrril Locsin, O.D.

Padilla-Villasis Optometric Clinic

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

CITY GOVERNMENT OF TUGUEGARAO CITY, owned and operated the **CITY HEALTH OFFICE**, a health care provider duly accredited by the Philippine Health Insurance Corporation (PhilHealth), located at 32 Main Avenue, Tuguegarao City, represented herein by **HON. MAILA ROSARIO S. TING – QUE**, herein referred to as the **FIRST PARTY**;

– and –

PADILLA VILLASIS OPTOMETRIC CLINIC, a PhilHealth-accredited optometry clinic as provider of optometry services, located at 29-B, Rizal St., Centro 4, Tuguegarao City, represented herein by Josephine P. Villasis, hereinafter referred to as the **"SECOND PARTY"**;

WHEREAS:

In response to increase coverage of preventive health services, reduce out-of-pocket expenses, PHILHEALTH covers vision assessment including refraction, prescription eyeglasses (frames and lenses), and follow up for children 0 to 15 years of age;

Philhealth Circular 2025-0002 for PhilHealth Benefit Package for Optometric Services for Children 0 to 15 years of age provides the implementing guidelines for the assessment and prescription glasses for children 0 to 15 years of age;

Section V- B, paragraph 2d, provides that health facilities shall have a memorandum of agreement with PhilHealth Konsulta Package Provider or schools conducting vision screening (based on Republic Act No. 11358: National Vision Screening Act) as referral facilities for optometric services;

The Referring Provider is accredited to deliver primary care services under the Konsulta Package of PhilHealth or school;

The Receiving Provider is accredited to provide vision assessment and prescription glasses for 0 to 15 years of age;

Both parties recognize the need to collaborate to ensure the delivery of comprehensive health services to PhilHealth beneficiaries;

This agreement aims to formalize the referral and claims process for optometric services.

NOW, THEREFORE, the parties agree as follows:

The Receiving Provider shall:

Accept referrals from the Referring Provider using the prescribed PhilHealth referral form (Annex C of PhilHealth Circular No. 2025-0002);

Provide the necessary optometric services as indicated;

Refer back its patients to the referring provider in cases when diagnostic tests, medicines and consultations covered by PhilHealth Konsulta are needed;

Ensure proper documentation and compliance with PhilHealth guidelines; and
Shall be responsible for filing claims electronically.

The Referring Provider shall:

Issue duly accomplished referral forms (Annex C of PhilHealth Circular No. 2025-0002) to beneficiaries;

Coordinate with the Receiving Provider regarding patient referrals and service delivery;

Assist in resolving any issues related to claims or service provision.

DURATION

This Agreement shall take effect upon signing and shall remain valid until terminated by either party with thirty (30) days written notice.

CONFIDENTIALITY

Both parties agree to maintain the confidentiality of patient information in accordance with the Data Privacy Act of 2012 and other applicable laws.

AMENDMENTS

Any amendments to this Agreement shall be made in writing and signed by both parties.

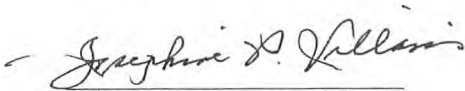
IN WITNESS WHEREOF, the parties have hereunto set their hands on the date and place first above written

IN WITNESS WHEREOF, the parties hereunto have affixed their respective signatures this _____ day of August 2025, at Tuguegarao City Philippines.

FIRST PARTY

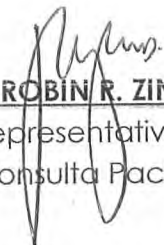
HON. MAILA ROSARIO S. TING – QUE
City Mayor

SECOND PARTY



JOSEPHINE P. VILLASIS
Optometrist / Owner

SIGNED IN THE PRESENCE OF


DR. ROBIN R. ZINGAPAN
Authorized Representative of Accredited
Philhealth Konsulta Package Provider


JEMIMAH JOY V. LOCSIN
Authorized Representative of Affiliated
Philhealth Konsulta Package Provider

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
City of _____) S.S

BEFORE ME, a Notary Public, for and in the City of Tuguegarao this _____ day of August, 2025,
personally appeared:

	ID NO.	DATE/PLACE ISSUED
HON. MAILA ROSARIO R. TING - QUE	1	Jul 1, 2022 / Tuguegarao City
DR. ROBIN R. ZINGAPAN		
JOSEPHINE P. VILLASIS	12062	Feb 9, 2023 / Tuguegarao City
JEMIMAH JOY V. LOCSIN	0008595	Jan 11, 1997 / Tuguegarao City

Known to me and me known to the same person who executed the foregoing instrument and
acknowledged to me that the same is their free and voluntary act and deed.
WITNESS MY HAND AND SEAL, this _____ day of _____, 20____ at _____ City,
Philippines.

Doc. No. _____:
Page No. _____:
Book No. _____:
Series of 2025