Philippine Health Insurance Corporation

ADVISORY

No. 2024 - 0038

PhilHealth
Your Partner in Health

BAGONG PILIPINAS

Second Survey for PhilHealth Konsulta Package Provider (KPP) Physicians

PhilHealth shall conduct a second survey to all KPP facilities during the third quarter of CY2024 with regard to their KPP physicians' working hours delivering the Konsulta Package (KP) services only. This survey shall capture both accredited and non-accredited physicians delivering the Konsulta Package services.

Attached as Annex A is the amended survey tool that PhilHealth shall use in capturing the subject data. Once fully-accomplished by the KPP, the survey tool shall be submitted to the nearest PhilHealth office as soon as possible upon publication of this Advisory. All KPPs shall also keep a file of the accomplished amended survey tool for validation and future reference.

Updates on the number of KPP physicians or the working hours of the KPP physicians delivering KP services may be captured by submitting another accomplished amended survey form to PhilHealth.

For further inquiries, kindly reach us through your respective PhilHealth Regional Offices or through the following designated communication channels[1]:

Hotline	:	(02) 866 225 88
"Click-to-Call"	:	Visit https://www.philhealth.gov.ph and click the corresponding icon.
Mobile Hotline	:	(Smart) 0998-857-2957; 0968-865-4670 (Globe) 0917-127-5987; 0917-110-9812
Email	:	actioncenter@philhealth.gov.ph

Thank you.

(Sgd.) EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer
Date signed: August 5, 2024

[1] PhilHealth Advisory No. 2024-0003: 24/7 Contact Center Services

---

Annex A: Amended Survey Tool re Working Hours Delivering KP Services Only

PhilHealth
Your Partner in Health

BAGONG PILIPINAS

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

SURVEY ON THE NUMBER OF WORKING HOURS OF PHYSICIANS DELIVERING THE KONSULTA PACKAGE (KP) SERVICES ONLY

Name of PhilHealth Konsulta Package Provider: _____

_____ **PAN:** _____

Address: _____

_____

_____

Name of Physician/s	PAN (if accredited)	Total # of Hours per Week Providing KP Services Only	Signature

MASTER COPY
DC: Date: 8/7/24

By affixing your signature, you certify the truthfulness and accuracy of information provided.

Prepared by:	Attested correct by:
_____ (Name and Designation)	_____ Head of Facility/ Medical Director/ Chief of Hospital (Signature over printed name and date signed)

Use a separate sheet if needed.

SOCOTEC ISO 9001
PAB