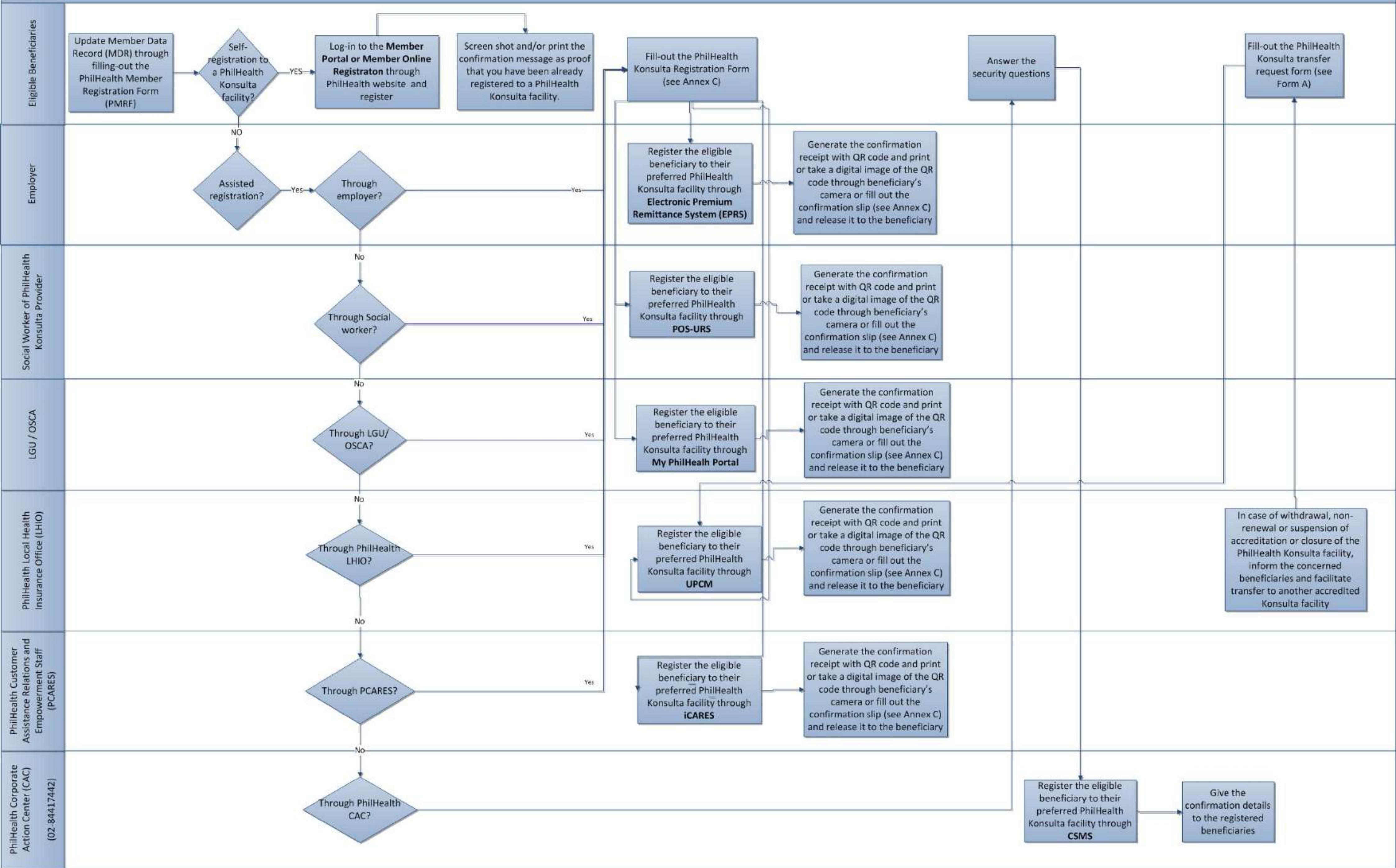

Annex A: Registration to a PhilHealth Konsulta Provider
Eligible Beneficiaries
Employer
Social Worker of PhilHealth Konsulta Provider
LGU / OSCA
PhilHealth Local Health Insurance Office (LHIO)
PhilHealth Customer Assistance Relations and Empowerment Staff (PCARES)
PhilHealth Corporate Action Center (CAC) (02-84417442)
Update Member Data Record (MDR) through filling-out the PhilHealth Member Registration Form (PMRF)
Self-registration to a PhilHealth Konsulta facility?
YES
NO
Log-in to the Member Portal or Member Online Registraton through PhilHealth website and register
Screen shot and/or print the confirmation message as proof that you have been already registered to a PhilHealth Konsulta facility.
Fill-out the PhilHealth Konsulta Registration Form (see Annex C)
Answer the security questions
Fill-out the PhilHealth Konsulta transfer request form (see Form A)
Assisted registration?
Yes
Through employer?
Yes
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through Electronic Premium Remittance System (EPRS)
Generate the confirmation receipt with QR code and print or take a digital image of the QR code through beneficiary's camera or fill out the confirmation slip (see Annex C) and release it to the beneficiary
No
Through Social worker?
Yes
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through POS-URS
No
Through LGU/ OSCA?
Yes
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through My PhilHeath Portal
No
Through PhilHealth LHIO?
Yes
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through UPCM
In case of withdrawal, non-renewal or suspension of accreditation or closure of the PhilHealth Konsulta facility, inform the concerned beneficiaries and facilitate transfer to another accredited Konsulta facility
No
Through PCARES?
Yes
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through iCARES
No
Through PhilHealth CAC?
Register the eligible beneficiary to their preferred PhilHealth Konsulta facility through CSMS
Give the confirmation details to the registered beneficiaries

Form A

Philhealth Konsulta Transfer Registration Form

To be filled-out by the Beneficiary
Name:______________________________
PIN:________________________________
Member: ____ Dependent: ____ (please check)
Contact No: ____________
Email Address (if applicable): ________________

Name of previous PhilHealth Konsulta Facility: _________________________
Preferred PhilHealth Konsulta Facility and Address (Municipality/Town/City/Province):
1st choice: ____
2nd choice: ____
3rd choice: ____

____
(Signature over printed name)

PhilHealth's Copy

PhilHealth Konsulta Registration Confirmation Slip

To be filled-out by the Authorized personnel

Registration No.:_______________________
Date registered:________________________
Name:______________________________
PIN:_______________________________
PhilHealth Konsulta Facility:__________________________
PhilHealth Konsulta Facility Address:_________________________

____
(Signature over printed name of Authorized Personnel)

Beneficiary's Copy

(To be printed at the back)
Instructions:
1. All information should be written in UPPERCASE/CAPITAL LETTERS.
2. All fields are mandatory.
3. If the beneficiary is dependent, use the dependent PIN.
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.