

ANNEX G: Electronic Konsulta Availment Slip (eKAS)

Electronic Konsulta Availment Slip (eKAS) – proof of availment of services by the eligible beneficiary. This will be generated by the PhilHealth Konsulta facility for every patient encounter and to be submitted to PhilHealth.



ELECTRONIC KONSULTA AVAILMENT SLIP (eKAS)

HCI Name: _____ Case No.: _____ HCI Accreditation No. _____ Transaction No: _____

Patient Name (Pangalan ng pasyente): _____ Age (Edad): _____ Contact No. _____

PIN (PhilHealth Identification Number): _____ Membership Category: _____

Membership type: _____ Member _____ Dependent _____ Authorization Transaction Code (ATC): _____

To be filled out by the facility (pupunuan ng pasilidad)

Konsulta Services	<input checked="" type="checkbox"/> Performed (nagawa) <input checked="" type="checkbox"/> Not performed (hindi nagawa)	Date performed (Petsa kung kelan ginawa)	Performed by (Ginawa ni) (Initial/Signature of Health care Provider/ technician) (Initial o Lagda ng Health care Provider/ technician)
History and physical examination (vitals, anthropometrics)			
CBC			

To be filled out by the patient (pupunuan ng pasyente)

Have you received the above-mentioned essential services? Yes No

(Natanggap mo ba ang mga essential services na nabanggit?)

How satisfied are you with the services provided?
(Gaano ka nasiyahan sa natanggap mong serbisyo?)



For your comment, suggestion or complaint:
(Para sa iyong komento, mungkahi o reklamo)

Under the penalty of law, I attest that the information I provided in this slip are true and accurate.

(Sa ilalim ng batas, pinatutunayan ko na ang impormasyong ibinigay ko ay totoo at tama)

Signature over printed name of patient
(Lagda sa nakalimbag na pangalan ng pasyente)

Next Consultation Date: _____
(Petsa ng susunod na konsultasyon)

Note:

Accomplished form shall be submitted to PhilHealth.

(Ang kumpletong form ay dapat isumite sa PhilHealth)




ANNEX G: Electronic Prescription Slip (ePresS)

Electronic Prescription Slip (ePresS) - proof of availment of medicines by the eligible beneficiary. This will be generated by the PhilHealth Konsulta facility for every patient encounter and to be submitted to PhilHealth.

Category (Kategorya)	Medicine Strength/Form/Volume (Gamot/Anyo/Dami)	Quantity (bilang)	Name of the Prescribing Physician (Pangalan ng nagresetang doktor)	<input checked="" type="checkbox"/> Dispensed (naibigay) <input checked="" type="checkbox"/> Not dispensed (hindi naibigay)	Date dispensed (Petsa kung kelan naibigay)	Name of the Dispensing Personnel (Pangalan ng nagbigay)
Antibacterial	Amoxicillin 500 mg Capsule		Signature over printed name License #: _____			
Antipyretic	Paracetamol 500 mg Tablet			Signature over printed name Name of Dispensing Facility: _____		

To be filled out by the patient (pupunuan ng pasyente)

Did you receive the above mentioned medicines? Yes No
(Natanggap mo ba ang mga gamot na nabanggit?)

Are you satisfied with the medicines you received?   
(Nasiyahan ka ba sa mga gamot na natanggap mo?)

For your comment, suggestion or complaint:
(Para sa iyong komento, mungkahi o reklamo)

Under the penalty of law, I attest that the information I provided in this slip are true and accurate.
(Sa ilalim ng batas, pinatutunayan ko na ang impormasyong ibinigay ko ay totoo at tama)

Signature over printed name of patient
(Lagda sa nakalimbag na pangalan ng pasyente)

Next Dispensing Date: _____
(Petsa ng susunod na bigay ng gamot)

Note:
Accomplished form shall be submitted to PhilHealth.
(Ang kumpletong form ay dapat isumite sa PhilHealth)