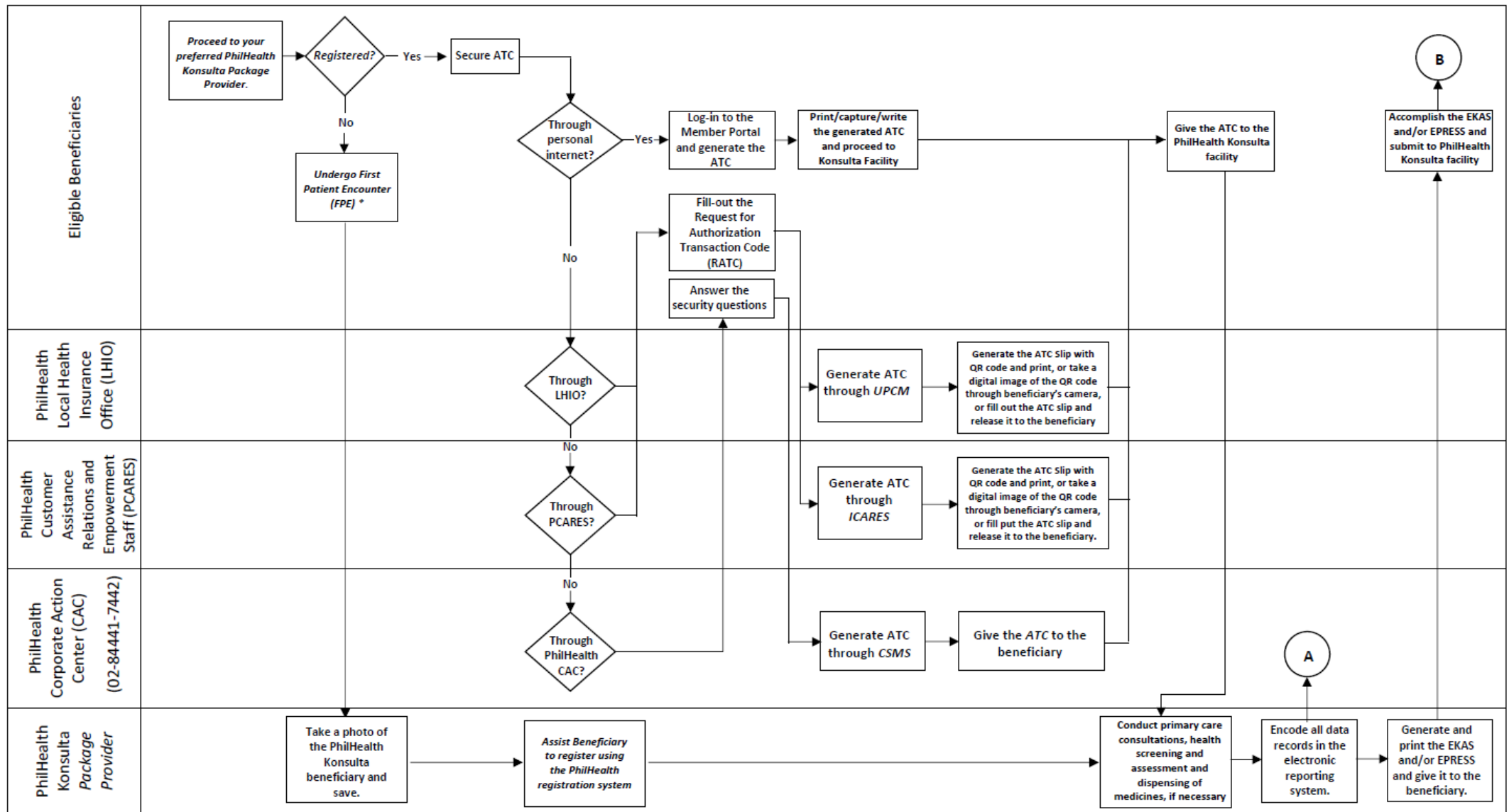


Annex F: PhilHealth Konsulta Benefit Availment Process



Authorization Transaction Code (ATC) – a system generated unique code given to an eligible beneficiary prior to benefit availment. This can be taken by the Konsulta facility for walk-in clients.

Notes: *If First Patient Encounter (FPE) is not yet done; beneficiary may be assisted first to register.

Procedure details for A and B will be defined in Annex J.

TO BE FILLED-OUT BY THE BENEFICIARY

DATE OF APPOINTMENT: _____ MM/DD/YYYY

MEMBER

DEPENDENT

PIN: _____ DATE OF BIRTH: _____ MM/DD/YYYY

FULL NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

(Signature over Printed Name) PHILHEALTH'S COPY

TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

ATC: _____

(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

TO BE FILLED-OUT BY THE BENEFICIARY

DATE OF APPOINTMENT: _____ MM/DD/YYYY

MEMBER

DEPENDENT

PIN: _____ DATE OF BIRTH: _____ MM/DD/YYYY

FULL NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

(Signature over Printed Name) PHILHEALTH'S COPY

TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

ATC: _____

(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

TO BE FILLED-OUT BY THE BENEFICIARY

DATE OF APPOINTMENT: _____ MM/DD/YYYY

MEMBER

DEPENDENT

PIN: _____ DATE OF BIRTH: _____ MM/DD/YYYY

FULL NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

(Signature over Printed Name) PHILHEALTH'S COPY

TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

ATC: _____

(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

TO BE FILLED-OUT BY THE BENEFICIARY

DATE OF APPOINTMENT: _____ MM/DD/YYYY

MEMBER

DEPENDENT

PIN: _____ DATE OF BIRTH: _____ MM/DD/YYYY

FULL NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

(Signature over Printed Name) PHILHEALTH'S COPY

TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

ATC: _____

(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY