Annex A: PhilHealth Konsulta Registration Form

	Konsulta Registration Form (PKRF)
1 All information should be written	o in LIDDED CASE/CADITAL LETTED
1.All information should be written 2.All fields are mandatory. 3.If the beneficiary is dependent, u	•
4. If the beneficiary is below 21 years o TO BE FILLED-OUT BY THE BEN	use the dependent PIN. old, the signatory should be the parent/guardian.
TO BE FILLED-OUT BY THE BEN	VEFICIANT
MEMBER	DEPENDENT
PIN:	DATE:
FULL NAME:	MM/DD/YYYY
LAST NAME	FIRST NAME MIDDLE NAME
ADDRESS: BARANGAY / TOWN	MUNICIPALITY/CITY PROVINCE
DATE OF BIRTH:	CONTACT NO:
MM/DD/YYY	yy
REGISTER TO A KONSULTA PACK	` '
(please use additional form if ne	
FULL NAME:	
LAST NAME	FIRST NAME MIDDLE NAME
1ST CHOICE KPP:	
ADDRESS:	
	MUNICIPALITY/CITY PROVINCE
2ND CHOICE KPP:	
ADDRESS:	MUNICIPALITY/CITY PROVINCE
BAKANGAY / IUWN	WONGPALITYCHY PROVINCE
TRANSFER	
PREVIOUS KPP:	
1ST CHOICE KPP:	
ADDRECC.	
ADDRESS: BARANGAY / TOWN	MUNICIPALITY/CITY PROVINCE
AND CHOICE VDD	
2ND CHOICE KPP:	
ADDRESS: BARANGAY / TOWN	MUNICIPALITY/CITY PROVINCE
grant my free and voluntary c and processing of my persona for the purpose of paying and	avail of FPE in other KPP. Moreover, I consent to the collection, transmission al data and health records to PhilHelth d monitoring the provider for the Konvith Republic Act No. 10173, otherwise ct of 2012".
(Signature over Printed Name)	PHILHEALTH'S COPY
TO BE FILLED-OUT BY PHILHEAI	
	REGISTRATION CONFIRMATION SLIP
REGISTRATION NO.:	MM/DD/YYYY
	FIRST NAME MIDDLE NAME
PIN:	DATE OF BIRTH: MM/DD/YYYY
	MM/DD/YYYY
KPP:	
ADDRESS: BARANGAY / TOWN	MUNICIPALITY/CITY PROVINCE
(Street, as a street, as a stre	the size of Domestic III
(Signature over Printed Name of Auti	chorized Personnel) BENEFICIARY'S COPY

INSTRUCTIONS 1.All information should	be writter	in UPPER CA	SE/CAPITAL	LETTER.
2.All fields are mandato 3.If the beneficiary is de 4.If the beneficiary is below	pendent, u	se the deper	ident PIN. ory should be	e the parent/guardian.
O BE FILLED-OUT BY			,	70***
MEMBER			DEPENDE	ENT
 PIN:		•	DATE:	
FULL NAME:				MM/DD/YYYY
LAST N	AME	FIRST	NAME	MIDDLE NAME
BARANGAY	/TOWN	MUNI	CIPALITY/CITY	' PROVINCE
DATE OF BIRTH:	****		CONTACT N	10:
REGISTER TO A KONS	MM/DD/YY Sulta Pack		R (KPP)	
REGISTER ALL MY DI			ENTS	
	ai ioriii ii iie	ecessary)		
FULL NAME: LAST NA	ME	FIRST N	AME	MIDDLE NAME
1ST CHOICE KPP:				
ADDRESS:				
BARANGA	//TOWN	MUNICI	PALITY/CITY	PROVINCE
2ND CHOICE KPP:				
ADDRESS: BARANGAY	/TOWN	MUNICIPA	ALITY/CITY	PROVINCE
TRANSFER				
PREVIOUS KPP:				
1ST CHOICE KPP:				
ADDRESS: BARANGAY	/TOWN	MUNICIE	ALITY/CITY	PROVINCE
			,	
2ND CHOICE KPP:				
ADDRESS: BARANGAY	/TOW/M	MUNICIPA	I ITV/CITV	PROVINCE
hereby certify that grant my free and vo and processing of m for the purpose of p sulta benefit in acco known as the "Data	oluntary o y persona aying an ordance w Privacy A	eonsent to al data and d monitori vith Republ ct of 2012	the collect health red ng the pro ic Act No.	tion, transmission cords to PhilHelth vider for the Kon-
£=				PHILHEALTH'S COPY
O BE FILLED-OUT BY				
PHILHEALTH K				
REGISTRATION NO.:		Da	ATE REGIST	ERED: MM/DD/YYYY
FULL NAME:		FIRST NAME		MIDDLE NAME
LAST NAME				
LAST NAME		D	ATE OF BIRTH	1444/55/5555
		Da	ATE OF BIRTH	MM/DD/YYYY