

Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)

PhilHealth ELECTRONIC KONSULTA AVAILMENT SLIP (EKAS)

Your Partner in Health

To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No.:	HCI Accreditation No.	Transaction No.:
PIN (PhilHealth Identification Number):		Membership Category (Kategorya ng pagiging Miyembro):	
Patient Name (Pangalan ng Pasyente):		Age (Edad):	Contact No. (Numero ng Telepono):
Membership Type: <input type="checkbox"/> MEMBER <input type="checkbox"/> DEPENDENT		Authorization Transaction Code (ATC)	

Konsulta Services	Performed ✓ X	Date Performed	Performed by
Complete Blood Count (CBC) w/ platelet count			
Lipid profile (Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol)			
Fasting Blood Sugar (FBS)			
Oral Glucose Tolerance Test			
Glycosylated Hemoglobin (HbA1c)			
Creatinine			
Chest X-Ray			
Sputum Microscopy			
Electrocardiogram (ECG)			
Urinalysis			
Pap smear			
Fecalysis			
Fecal Occult Blood Test			

Note:
This form shall be provided to the Konsulta beneficiary.

To be filled-out by the patient (Pupunan ng Pasyente)

Have you received the above-mentioned essential services? (Natanggap mo ba ang mga pangunahing serbisyo na nabanggit?) _ Yes (Oo) _ No (Hindi)

How satisfied are you with the services provided? (Gaano ka nasiyahan sa natanggap na serbisyo?)
 HAPPY
 NEUTRAL
 SAD

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

Note:
Accomplished form shall be submitted to Konsulta Provider (Ang kumpletong form ay dapat isumite sa tagapagbigay ng Konsulta)

PhilHealth Identification Number of Patient: _____

PhilHealth ELECTRONIC PRESCRIPTION SLIP (EPRESS)

Your Partner in Health

To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No.:	HCI Accreditation No.	Transaction No.:
PIN (PhilHealth Identification Number):		Membership Category:	Membership Type: <input type="checkbox"/> MEMBER <input type="checkbox"/> DEPENDENT
Patient Name (Pangalan ng Pasyente):		Age (Edad):	Contact No. (Numero ng Telepono):

USE GENERIC NAME

R_x

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

Physician: _____
PRC LIC No.: _____
PTR No.: _____
S2 No. _____

Note:

To be filled-out by the patient (Pupunan ng Pasyente)

Did you received the above-mentioned medicines? (Natanggap mo ba ang mga gamot na nabanggit?) _ Yes (Oo) _ No (Hindi)

Are you satisfied with the medicines you received? (Nasiyahan ka ba sa mga gamut na natanggap mo?)
 HAPPY
 NEUTRAL
 SAD

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

Note:
Accomplished form shall be submitted to Konsulta Provider (Ang kumpletong form ay dapat isumite sa tagapagbigay ng Konsulta)

PhilHealth Identification Number of Patient: _____