

DIVISION OF CATANDLY, NE

RECCIONS

Republic of the Philippines

Department of Education REGION V - BICOL

SCHOOLS DIVISION OFFICE OF CATANDUANES

UNNUMBERED MEMORAMDUM:

OSDS-PER-UM-09-19-2022/MBL

TO

Assistant Schools Division Superintendent

Chief Education Supervisors

Public School District Supervisors

Elementary and Secondary School Heads

All Others Concerned

FROM

SUSAN S. COLLANO

Schools Division Superintendent

SUBJECT

REGISTRATION FOR PHILHEALTH KONSULTA

BENEFIT PACKAGE

DATE

September 19, 2022

- 1. In view of the letter received by this Office from Philippine Health Insurance Corporation, Catanduanes Local Health Insurance Office (LHIO) re: PhilHealth Konsulta Benefit Package which may be availed of by PhilHealth members and their declared legal dependents in their accredited facility of choice, all employees are advised to register via PhilHealth Member Portal which can be accessed at www.philhealth.gov.ph or through PhilHealth LHIO located at Virac Town Center.
- 2. Attached is the Philhealth Konsulta Registration Form (PKRF).
- 3. For information, guidance and strict compliance.

MBL/UM-Regristration for Philhealth Konsulta Benefit Package 005/September 19, 2022



	PhilHealth KonSulTa Registration Form	A
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		Date of Birth
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Konsulta Facility A	ddress:	
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(Printed Name & S	ignature of Authorized Personnel)	Beneficiary's Cop

To be filled-out by MEMBER/De	principle 2 character,	
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Beneficiary's Copy

PhilHealth KonSulTa Registration Form

Additional Dependents (if applicable)

PIN	Name of Dependents	Date of Birth (mm/dd/yyyy)
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INSTRUCTIONS

- 1. All information must be written in UPPER CASE/CAPITAL LETTERS
- 2. All fields are mandatory.
- 3. If BENEFICIARY is DEPENDENT, please use the **dependent's** PhilHealth Identification Number (PIN).
- 4. If beneficiary is below 21 years of age, the signatory must be the parent/guardian.
- 5. If the BENEFICIARY is DEPENDENT ONLY, please write name in the space provided for the dependents.

PhilHealth KonSulTa Registration Form

Additional Dependents (if applicable)

PIN	Name of Dependents	Date of Birth (mm/dd/yyyy)
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