



Republic of the Philippines  
**Department of Education**  
Region X  
**SCHOOLS DIVISION OF TANGUB CITY**



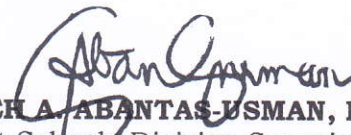
November 08, 2023

**DIVISION MEMORANDUM**  
No. 397, s. 2023

**SUBMISSION OF DATA OF DEPED EMPLOYEES ON THE  
IMPLEMENTATION OF PHILHEALTH KONSULTA**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors (CID & SGOD)  
Education Program Supervisors  
Public Schools District In-Charge  
Elementary and Secondary School Heads  
All Non-Teaching Personnel  
All Others Concerned  
This Division

1. Relative to issuance of Regional Memorandum No. 531, s. 2023 entitled "*Employee Registration to the PhilHealth KonSulta*", this Office directs all the school heads to assist the Division Office in the collection of pertinent information of all their teaching and non-teaching personnel as of November 1, 2023.
2. Relative thereto, the school heads are requested to accomplish the "*Konsulta Matrix*" which shall also serve as the transmittal of the "*PhilHealth Konsulta Registration Form (PKRF)*". Submit the forms to the Division Office for consolidation through [hrtangub@deped.gov.ph](mailto:hrtangub@deped.gov.ph) not later than 5:00 PM on November 15, 2023 (both soft and hard copies).
3. The same forms are attached as enclosures to this memorandum and may also be downloaded from [https://bit.ly/Philhealth\\_Konsulta](https://bit.ly/Philhealth_Konsulta).
4. Immediate dissemination and strict compliance of this Memorandum is directed.

  
**SHAMBAEH A. ABANTAS-USMAN, PhD, CESE**  
Assistant Schools Division Superintendent  
OIC- Office of the Schools Division Superintendent



Address: Anecito Siete St. Mantic, Tangub City  
Telephone: (088) 530 - 5988







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**Department of Education**  
 Region X  
**SCHOOLS DIVISION OF TANGUB CITY**

Enclosure No. 2 of Division Memorandum No. 397, s. 2023

**PhilHealth PhilHealth Konsulta Registration Form (PKRF)**

**INSTRUCTIONS**  
 1. All information should be written in UPPER CASE/CAPITAL LETTER.  
 2. All fields are mandatory.  
 3. If the beneficiary is dependent, use the dependent PIN.  
 4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.

**TO BE FILLED-OUT BY THE BENEFICIARY**

MEMBER  DEPENDENT

PIN: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_  
MM/DD/YYYY

REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)  
 REGISTER ALL MY DECLARED MINOR DEPENDENTS  
(please use additional form if necessary)

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

1ST CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

2ND CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

TRANSFER

PREVIOUS KPP: \_\_\_\_\_  
 1ST CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

2ND CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

I HEREBY CERTIFY THAT I DID NOT AVAIL OF FIRST PATIENT ENCOUNTER (FPE) IN MY PREVIOUS KPP.

(Signature over Printed Name) \_\_\_\_\_ PHILHEALTH'S COPY

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**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

**PHILHEALTH KONSULTA REGISTRATION CONFIRMATION SLIP**

REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_  
MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MM/DD/YYYY

KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

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

**PhilHealth PhilHealth Konsulta Registration Form (PKRF)**

**INSTRUCTIONS**  
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**TO BE FILLED-OUT BY THE BENEFICIARY**

MEMBER  DEPENDENT

PIN: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_  
MM/DD/YYYY

REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)  
 REGISTER ALL MY MINOR DEPENDENTS (DECLARED)  
(please use additional form if necessary)

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

1ST CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

2ND CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

TRANSFER

PREVIOUS KPP: \_\_\_\_\_  
 1ST CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

2ND CHOICE KPP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

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REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_  
MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_  
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(Signature over Printed Name of Authorized Personnel) \_\_\_\_\_ BENEFICIARY'S COPY



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