PhilHealth
*Your Partner in Health*

# ELECTRONIC KONSULTA AVAILMENT SLIP (EKAS)

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

| HCI NAME: | Case No.: | HCI Accrediation No. | Transaction No.: |
|---|---|---|---|
| | | | |

| PIN (PhilHealth Identification Number): | Membership Category (Kategorya ng pagiging Miyembro:) |
|---|---|
| | |

| Patient Name (Pangalan ng Pasyente): | Age (Edad): 0 | Contact No. (Numero ng Telepono): |
|---|---|---|
| | | |

| Membership Type: [X] MEMBER [ ] DEPENDENT | Authorization Transaction Code (ATC) |
|---|---|
| | |

| Konsulta Services | Performed ✓ X | Date Performed | Performed by |
|---|---|---|---|
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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: _____