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

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: _____