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 PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

- Your PhilHealth Identification Number (PIN) is your unique and permanent number.
- Always use your PIN in all transactions with PhilHealth.
- For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
- Please read instructions at the back before filling out this form.

PURPOSE:

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- REGISTRATION
-
- UPDATING/AMENDMENT

Preferred KonSulTa Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO MIDDLE NAME	WOMANISM
					<input type="checkbox"/>	<input type="checkbox"/>
MEMBER	Godinez	Mary Divine Rose		Ubre	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME	Libre	Maiter		Fuenter	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH	PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small>	PHILSYS ID NUMBER (Optional)
1 0 2 7 2 0 0 1 m m d d y y y y	Opn Maternity House Lapu-Lapu City, Cebu	

SEX	CIVIL STATUS	CITIZENSHIP	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widow/w <input type="checkbox"/> Legally Separated	<input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN	

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS				Home Phone Number	
Unit/Room No./Floor	Building Name	Lot/Block/Phase/House Number	Street Name	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)	
		3012	Sangi New Road		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Mobile Number (Required)
	Pajo	Lapu-Lapu City	Cebu	6015	0916 057 7184
MAILING ADDRESS <input checked="" type="checkbox"/> SAME AS ABOVE				Business (Direct Line)	
Unit/Room No./Floor	Building Name	Lot/Block/Phase/House Number	Street Name	E-mail Address (Required for OFW)	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME	WOMANISM	Check if Permanent Disability
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

DIRECT CONTRIBUTOR <input checked="" type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme <input type="checkbox"/> Kasambahay <input type="checkbox"/> Family Driver <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____		INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Private-sponsored <input type="checkbox"/> PAMANA <input type="checkbox"/> Person with Disability <input type="checkbox"/> KIA/KIPO PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization	
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)	MONTHLY INCOME:	PROOF OF INCOME:	For PhilHealth Use only: <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable