



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

September 5, 2023

DIVISIONAL MEMORANDUM

No. 268, s. 2023

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

To : Schools Division Superintendent
Chief Education Supervisors (CID and SGOD)
Public Elementary and Secondary School Heads
This Division


1. In line with the attached Memorandum DM-OUHROD-2023-1025 dated July 31, 2023 with the subject: **Submission of Data DepEd Employees on the Implementation of PhilHealth Konsulta**, this Office hereby requires all teaching and non-teaching personnel to accomplish the MS Excel template which may be accessed via this link: <https://rb.gy/ql7gq> on or before September 13, 2023.

This Office assures everyone that the data to be collected shall only be used for this purpose and shall adhere to the Data Privacy Act of 2012.

2. With the recently conducted orientation, all DepEd personnel shall fill up the column Q "Konsulta Provider" of the google link. Attached is the list of Konsulta Package Provider for reference (Annex A). Moreover, the PHILHEALTH KONSULTA REGISTRATION FORM (Annex C) must be accomplished and submitted to this Office on or before September 15, 2023.

3. Queries and other concerns shall be channeled to the Personnel Section of this Division.

4. For compliance.

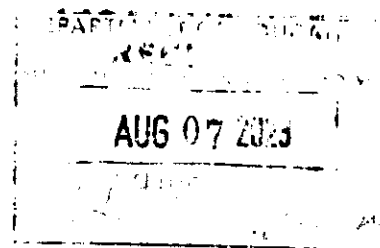

NIMFA R. LAGO, PhD, CESO VI
Assistant Schools Division Superintendent
OIC-Office of the Schools Division Superintendent



Address: IBJT Compound, Carangan, Ozamiz City
Telephone No: (088) 545-09-88
Telefax: (088) 545-09-90
Email Address: ozamiz.city@deped.gov.ph



Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY
HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT



MEMORANDUM
DM-OUHROD-2023-1025

Office of the Undersecretary for Human Resource and Organizational Development	Signature
Date and Time Received	8/8/23
Date and Time Released	

TO: **Regional Directors**
Schools Division Superintendents
All Others Concerned

THROUGH: 
ATTY. REV. SEE A. ESCOBEDO
Undersecretary for Operations

8/8/23
3:35 pm
v

FROM: **GLORIA JUMAMIL-MERCADO**
Undersecretary for Human Resource and Organizational Development

SUBJECT: **Submission of Data of DepEd Employees on the Implementation of PhilHealth Konsulta**

DATE: 31 July 2023

The Universal Health Care Act (UHC) aims to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk. Pursuant to this, the Philippine Health Insurance Corporation (PhilHealth) adopted a comprehensive approach in delivering primary care through the development of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package. The PhilHealth Konsulta package covers preventive care including consultations, health risks screening and assessment, 13 laboratory tests, and 21 non-sterile dressings and medicines.

To avail this package, the DepEd Central Office, in coordination with PhilHealth, shall assist all DepEd PhilHealth members in updating their PhilHealth membership records as well as with their Konsulta registration.

In this regard, this Office, through the Bureau of Human Resource and Organizational Development - Employee Welfare Division (BHROD-EWD), requests all Regional Offices to accomplish the MS Excel template, which may be accessed via this link: https://bit.ly/Konsulta_ExcelData and ensure that all employees, teaching and non-teaching personnel from the Schools Divisions Offices down to the schools, are included in the list.

The regional Human Resource Management Officers (HRMOs) are requested to facilitate the submission of the data (in MS Excel format) **on or before August 7, 2023**.

Rest assured that all data collected shall only be used for this purpose and shall adhere to the Data Privacy Act of 2012.

For any questions and clarifications, please contact **Ms. Marge Latosa** or **Ms. Neng Ravina** of the Employee Welfare Division at (02) 8633-7229/8635-3760 or email at bhrod.ewd@deped.gov.ph

For your information and compliance.

PhilHealth Konsulta
Regional Focal Person

Region:

Name	Designation	Office	Mobile Number	Viber Number	Email
1. Main Focal					
2. Alternate					
3.					

*** Please add rows if needed ***

Accomplished by:

Approved by:

Regional Director

**Note: Please submit this template to on or before
August 1, 2023. You may download this template through
bit.ly/Files_Konsulta. Thank you**

Annex A
List of Accredited Konsulta Package Providers (KPPs) for CY 2023 Updated as of July 31, 2023

	NAME OF HEALTH FACILITY	TEL_NO	EMAIL	STREET	MUNICIPALITY	SEC	HEAD
1881	LANAO DEL NORTE KAUSWAGAN KONSULTA PROVIDER	227-1029	rhukauswagan@gmail.com	POBLACION, KAUSWAGAN, LANA O DEL NORTE	KAUSWAGAN	G	ARTHUR DALEY Y. LAGUERTA, MD
1882	LANAO DEL NORTE KOLAMBUGAN KONSULTA PROVIDER	09386857010	rhumainkolambugan@gmail.com	POBLACION, KOLAMBUGAN LANA O DEL NORTE	KOLAMBUGAN	G	DR. EMMANUEL A. ESTAVAS
1883	LANAO DEL NORTE LINAMON KONSULTA PROVIDER	09177161734	rhu linamon@yahoo.com	PUROK 2B POBLACION	LINAMON (TOMAS L. CABILI)	G	DR. GEMMA L. DEAÑO
1884	LANAO DEL NORTE MATUNGAO KONSULTA PROVIDER	09209674072	09209674072	POBLACION	MATUNGAO	G	AMINODIN D. PAMANAY, MD
1885	LANAO DEL NORTE NUNUNGAN KONSULTA PROVIDER	09551683359	nunungandohrhu@gmail.com	MASIBAY	NUNUNGAN	G	DR. PRINCESS KEREN P. FABRICANTE
1886	LANAO DEL NORTE SALVADOR KONSULTA PROVIDER	09663819270	rhu.salvador.ldn@gmail.com	PUROK 4 POBLACION	SALVADOR	G	DR. RUFADIAH-PHARMANISA C. BORIONGAN
1887	LANAO DEL NORTE SAPAD KONSULTA PROVIDER	09667325272	rhusapadldn@gmail.com	PUROK 9 POBLACION	SAPAD	G	DR. ROWENA C. AGARRADO
1888	LANAO DEL NORTE TANGCAL KONSULTA PROVIDER	09957133374	rhu tangcal@gmail.com	POBLACION	TANGCAL	G	DR. SITTE-NADJIYA M. MAPANDI
1889	LANAO DEL NORTE TUBOD KONSULTA PROVIDER	09177124211	rhutubod2019@yahoo.com	POBLACION	TUBOD	G	MARIA FILIPINA C. CAMINS
1890	LDN LALA KONSULTA PROVIDER	09364470731	rhu lala2014@gmail.com	LANIPAO	LALA	G	DR. CHARMAINE G. CANOPIN-PONGASE
1891	LDN MUNAI KONSULTA PROVIDER	09177192261	munairhu@gmail.com	TAMBO	MUNAI	G	DR. SOFIA D. OMAR
1892	LDN SND KONSULTA PROVIDER	09272137661	rhu.snd@gmail.com	POBLACION	SULTAN NAGA DIMAPORO	G	DR. JOHAIMEN M. MACA-ALANG
1893	MARANDING COMMUNITY HOSPITAL, INC.	0921999434	marandingcommunityhospital@gmail.com	PUROK POMELO, MARANDING	LALA	P	WOODROW C. TABANAO, MD
1894	TUBOD COMMUNITY HOSPITAL AND DIAGNOSTIC CENTER, INC.	09177166897	tubodcommunityhospital93@gmail.com	PUROK 1, SAN ANTONIO, POBLACION	TUBOD	P	LEONARD B. MIRANDA, MD
MISA MIS OCCIDENTAL							
1895	ALORAN RHU LYING-CLINIC KONSULTA PROVIDER	09190004200	rhu_aloran@yahoo.com	D. TEJANO STREET, BARANGAY DALISAY	ALORAN	G	DR. MARCH NUEL T. CHIONGSON
1896	BONIFACIO - RURAL HEALTH UNIT	09177799716	rhu bonifacio@gmail.com	POBLACION	BONIFACIO	G	DR. FLORENCE Y. LUMO
1897	CALAMBA DISTRICT HOSPITAL	09466570149	calambadistrict@yahoo.com	BUNAWAN	CALAMBA	G	DR. MARIA P. MEDINA
1898	CLARIN RURAL HEALTH UNIT	0885215170	clarinrhu@rocketmail.com	RIZAL STREET, POBLACION 1	CLARIN	G	DR. NIÑO CEFERINO D. REVELO II
1899	CLINICA OZARAGA DOCTORS HOSPITAL	mdbushido@gmail.com	clinicaozaraga4@gmail.com	PUROK 4, DIGSON	BONIFACIO	P	FRANCIS ANTHONY M. OZARAGA, MD

List of Accredited Konsulta Package Providers (KPPs) for CY 2023 Updated as of July 31, 2023

	NAME OF HEALTH FACILITY	TEL_NO	EMAIL	STREET	MUNICIPALITY	SEC	HEAD
1900	DOÑA MARJA D. TAN MEMORIAL HOSPITAL	0885450172	dmdtmb_mantic@yahoo.com	FERTIG STREET MANTIC	TANGUB CITY	G	DR. RALPH THADDEUS A. PINEDA
1901	FRANCISCA APAO UY MEMORIAL HOSPITAL	0885723851	faumh.philhealth2016@gmail.com	BURGOS STREET, BARANGAY NAGA	JIMENEZ	P	DR. DICKSIE C. UY
1902	JIMENEZ MEDICARE COMMUNITY HOSPITAL	(088)5451543	jmcho59@gmail.com	GOMEZ STREEET, NACIONAL	JIMENEZ	G	DR. ELLEN P. ASENIERO
1903	MOPH-OROQUIETA KONSULTA PROVIDER	5312243	moph.opd@gmail.com	LOWER LANGCANGAN OROQUIETA	OROQUIETA CITY	G	DR. MARILYN C. DUMALAGAN
1904	MUNICIPAL HEALTH OFFICE PLARIDEL	09159060280	rhu.plaridel@gmail.com	PUROK 7 NORTHERN POBLACION	PLARIDEL	G	DR. ANNIE B. BACARRO
1905	OROQUIETA CITY HEALTH OFFICE	0885311094	cho.oroquieta@yahoo.com	INDEPENDENCE ST., POBLACION II	OROQUIETA CITY	G	DR. AL JOSEPH J. GUANTERO
1906	OZAMIZ CITY ST. JOSEPH GENERAL HOSPITAL - KONSULTA PROVIDER	0885211726	sjghozamis@yahoo.com	WASHINGTON STREET, 50TH BARANGAY	OZAMIS CITY	P	DR. JOSE JAMUEL S. MARAVE
1907	PLARIDEL COMMUNITY HOSPITAL	09285002114	pch.plaridel@gmail.com	SOUTHERN POBLACION	PLARIDEL	G	DR. JOCELYN L. PALIONAY
1908	RAND L MEDICAL CLINIC	09554195827	rnmedicalclinic@gmail.com	PUROK 5, PALAYAN	ALORAN	P	DR. ROLF ALLAN O. BAZ
1909	RURAL HEALTH UNIT - SAPANG DALAGA	09352342986	rhu_sapangdalaga@yahoo.com	POBLACION	SAPANG DALAGA	G	DR. CAMILLE E. DE GUZMAN
1910	ST. AUGUSTINE HOSPITAL	0885451290	st.augustinehospital2015@gmail.com	P5 LAO PROPER	PLARIDEL	P	JULIET P. SOLON, MD
1911	ST. PADRE PIO DIALYSIS CENTER	09088880388	sppdialysiscenter@gmail.com	JEM BLDG., MEDINA ST., CARMEN ANNEX	OZAMIS CITY	P	JESSIE M. AYOP, MD
1912	TAGALOGUIN-ADONA POLYMEDIC & DIAGNOSTIC CENTER, INC	0950566022/09752618453	adonapolymedic@gmail.com	PUROK 2, BAÑADERO HIGHWAY	OZAMIS CITY	P	AMY T. ADONA, MD
1913	TAN HO MEDICAL CLINIC - KONSULTA PROVIDER	0885210103	tanhomedicalclinic@yahoo.com	PUROK 6 VALLEJO ST. SOUTHERN POBLACION	PLARIDEL	P	DR. MARIGOLD M. BANDOLON
1914	TUDELA MUNICIPAL HOSPITAL	0885450385	tudelamunicipalhospital@gmail.com	CENTRO NAPU	TUDELA	G	DR. ROMMER V. DESTURA
1915	TUDELA RURAL HEALTH UNIT	5451087	rhtutudela@gmail.com	PUROK 3 CENTRO NAPU	TUDELA	G	DR. AL-FAIRLYN D. VILLA
MISAMIS ORIENTAL							
1916	CAGAYAN DE ORO CITY HOSPITAL- LUMBIA KONSULTA PROVIDER	09178985900	liovadeguia@yahoo.com	F. DELMAR ST., BRGY. LUMBIA	CAGAYAN DE ORO CITY	G	LIOVA M. DE GULA RND, MD
1917	CAGAYAN DE ORO MEDICAL CENTER, INC.	09088732770	cdomedicalcenter@gmail.com	TIANO - MONTALBAN ST. BRGY. 20	CAGAYAN DE ORO CITY	P	DR. MARIA MERCEDITAS S. SERINA
1918	CDO CARMEN KONSULTA PROVIDER	09264151867	specialprogramcdcho@gmail.com	CARMEN	CAGAYAN DE ORO CITY	G	RICHELLE B. COLANSE, MD



Philhealth Konsulta Registration Form

To be filled-out by the Beneficiary

Name: _____
PIN: _____
Member: _____ Dependent _____ (please check)
Contact No: _____
Email Address (if applicable): _____

Preferred PhilHealth Konsulta Facility and Address
(Municipality/Town/City/Province):
1st choice: _____
2nd choice: _____
3rd choice: _____

(Signature over printed name)

PhilHealth's Copy



PhilHealth Konsulta Registration Confirmation Slip

To be filled-out by the Authorized personnel

Registration No.: _____
Date registered: _____
Name: _____
PIN: _____
PhilHealth Konsulta Facility: _____
PhilHealth Konsulta Facility Address: _____

(Signature over printed name of Authorized Personnel)

Beneficiary's Copy

(to be printed at the back)

Instructions:

1. All information should be written in UPPER CASE/CAPITAL LETTERS.
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.



Philhealth Konsulta Registration Form

To be filled-out by the Beneficiary

Name: _____
PIN: _____
Member: _____ Dependent _____ (please check)
Contact No: _____
Email Address (if applicable): _____

Preferred PhilHealth Konsulta Facility and Address
(Municipality/Town/City/Province):
1st choice: _____
2nd choice: _____
3rd choice: _____

(Signature over printed name)

PhilHealth's Copy



PhilHealth Konsulta Registration Confirmation Slip

To be filled-out by the Authorized personnel

Registration No.: _____
Date registered: _____
Name: _____
PIN: _____
PhilHealth Konsulta Facility: _____
PhilHealth Konsulta Facility Address: _____

(Signature over printed name of Authorized Personnel)

Beneficiary's Copy

(to be printed at the back)

Instructions:

1. All information should be written in UPPER CASE/CAPITAL LETTERS.
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