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PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMNDRS:

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

PURPOSE:
☐ REGISTRATION ☐ UPDATING/AMENDMENT

Preferred KonSulTa Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr, Sr, III)	MIDDLE NAME	NO MIDDLE NAME	MONONYM
MEMBER	Lomocso	Loreto	Jr.	Mespiros	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER's MAIDEN NAME					<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH 1 0 2 1 9 9 8 m m d d y y y y	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Poblacion Dings, Zamboanga Del Sur	PHILSYS ID NUMBER (Optional) [] [] [] [] [] [] [] [] [] [] [] []
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated	CITIZENSHIP <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN
		TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) [] [] [] [] [] [] [] [] [] [] [] []

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name Prk 5-Pine tree, Angalan, Tugbok District, Davao City 8000		Home Phone Number [] [] [] [] [] [] [] [] [] [] [] [] (COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code Prk 5-Pine tree, Angalan, Tugbok District, Davao city 800		Mobile Number (Required) 0915 3592 823
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name		Business (Direct Line) [] [] [] [] [] [] [] [] [] [] [] []
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code		E-mail Address (Required for OFW) oomlomo@gmail.com

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	MONONYM	Check if with Permanent Disability
Lomocso	Loreto	Sr.	Del Pilar	Father		Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lomocso	Lorefe		Misperos	Sister	12/23/96	Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lomocso	Amie Rose		Misperos	Sister	04/14/04	Filipino	<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"/> Kasambahay <input type="checkbox"/> Family Driver <input type="checkbox"/> Employed Government <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Sole Proprietor PRA SRRV No. _____ <input type="checkbox"/> Group Enrollment Scheme ACR I-Card No. _____		INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahan <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> 4Ps/MC <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, Welfare 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	