



Republic of the Philippines
Department of Education
NEGROS ISLAND REGION
SCHOOLS DIVISION OF SAGAY CITY

July 14, 2025

DIVISION MEMORANDUM
No. 413, s. 2025

PHILIPPINE HEALTH INSURANCE CORPORATION SCHOOL-TO-SCHOOL ADVOCACY

TO: Assistant Schools Division Superintendent
Chief Education Supervisors- CID and SGOD
Public Schools District Supervisors
All Public Elementary and Secondary School Heads
All Others Concerned

- In reference to DepEd Memorandum of Understanding with the Philippine Health Insurance Corporation (PhilHealth); DepEd shall assist in the enrollment of learners to PhilHealth and identification and assignment to specific health facilities (Konsulta Package Provider- KPP) for their health needs and delivery of coordinated care.
- PhilHealth Insurance School-to-School Advocacy aims to provide the following services in schools:
 - free registration to PhilHealth (learners, parents, teachers & non-teaching personnel with no PhilHealth number) (*Requirement for registration: bring one valid ID*)
 - orientation on PhilHealth Konsulta Package
 - registration of PHIC members to his/her preferred KPP
- Participants to this activity are learners with their parent/ guardian, teachers & non-teaching personnel of the School. Attached is the consent form for learners with Philhealth ID and whose parents cannot attend but willing to register their child with a KPP.
- Schools listed below are advised to prepare a venue with chairs and sound system:

Date	Time	School
July 15, 2025	3:00pm-5:00pm	Vito National High School
July 23, 2025	3:30pm-5:00pm	Jose B Puey Sr Elem School
July 25, 2025	1:00pm-3:00pm	Gil Lopez Elementary School
- Expenses incurred by the Schools related to this activity are chargeable against School MOOE/ Local Funds, subject to the usual accounting and auditing rules and regulations.
- It is understood that in the conduct of this activity, there shall be no discrimination in the provision of such services on account of age, school, gender, civil status, disability, religion, or other similar factors, personal circumstances that run counter to the principles of equal opportunity.
- Immediate dissemination and compliance of this Memorandum are desired.

DANNIE CLARK M. UGUIL
OIC- Schools Division Superintendent



Enclosure : None
Reference : None
Allotment : N/A
No. of Pages : **2 pages**
To be indicated in the **Perpetual Index** under the following subjects:
MEDICAL **PHIC**

ASSESSMENT



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📧 PhilHealthOfficial ✉ teamphilhealth

Annex A: Template for Consent Form

CONSENT FORM

I, _____, Parent/Guardian/myself of _____ hereby
(name of parent/guardian or student if more more than 21 years old) (name of child)

gives my consent to the school _____ to register me/my
(name of the school)

child to a PhilHealth Konsulta facility _____
(Name of Konsulta Package Provider)

for CY _____.

I also give my free and voluntary consent for the school, PhilHealth and the PhilHealth Konsulta facility to collect data, check-up my child for health screening, assessment and consultation at any time of the school year; transmit and process my child/children personal data and health records for the purpose of PhilHealth's payment, monitoring of the provider's performance and program implementation of the PhilHealth Konsulta benefit and Universal Health Care Act in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012".

(Signature over Printed Name)

Date signed _____

