

HealthCare Management Information System

ENROLLMENT



Integrated HealthCare



Home



Letter of Authorization



Reimbursement Request



Enrollment




MBL Balance

- Select Enrollment Menu

Enrollment Dashboard

ire Management Information System Hi, Mark Anthony Hetrosa

Home / Enrollment / view



Member Name MARK ANTHONY HETROSA

Address BLK 1, LOT 9, VILLA DE SALVACION, STO NINO, TRES DE MAYO, DIGOS CITY

Member Status Principal

Member Information

Member Id

Firstname **Lastname**

Address

Sex Female Male **Date of birth**

Place of Birth

Nationality **Religion**

PhilHealth **Blood Type**

Contact No. **Civil Status**

Member Status

Enrolled Dependents

← To Enroll New Dependents

To Reenroll Dependents

→

Show entries

Member ID	Name	Sex	Birthday	Age	Address	Civil Status	PhilHealth	Enrollment Status	Action
832	HETROSA,	Female		0	DEL SUR	Single		Enrolled	<input type="button" value="View Records"/>
718	HETROSA,	Female		30	DIGOS CITY	Married		Enrolled	<input type="button" value="View Records"/>

Showing 1 to 2 of 2 entries

Enroll New Dependents



- Click New Button

Add New Dependent Members

Principal: HETROSA, MARK ANTHONY

Relationship: Spouse

First Name: First Name

Last Name: Last Name

Middle Name: Middle Name

Address: Address

Date of Birth: mm/dd/yyyy

Place of Birth: Place of Birth

Nationality: Nationality

Religion: Religion

PHILHEALTH ID: PhilHealth ID

Contact No.: Contact No.

Blood Type: Blood Type

Gender: Female Male

Civil Status: Single

Member Type: Dependent

Steps

1. Type All the Information Needed
2. Click Save



To Reenroll Dependents

Enrolled Dependent [New](#)

Search:

Sex	Birthdate	Age	Address	Civil Status	Relationship	PhilHealth	Enrollment Status	Action
Female		0	DIGOS CITY, DAVAO DEL SUR	Single	CHILDREN		Enrolled	ENROLL
Female		30	DIGOS CITY	Married	SPOUSE		Enrolled	ENROLL

Previous 1 Next

Steps

1. Select Dependent to be Enrolled
2. Click Enroll



Member Information

Member Id	<input type="text" value="832"/>		
Firstname	<input type="text"/>	Lastname	<input type="text"/>
Address	<input type="text" value="DIGOS CITY, DAVAO DEL SUR"/>		
Sex	<input checked="" type="radio"/> Female <input type="radio"/> Male	Date of birth	<input type="text"/>
Place of Birth	<input type="text" value="DIGOS CITY"/>		
Nationality	<input type="text" value="FILIPINO"/>	Religion	<input type="text" value="ROMAN CATHOLIC"/>
PhilHealth	<input type="text"/>	Blood Type	<input type="text"/>
Contact No.	<input type="text"/>	Civil Status	<input type="text" value="Single"/>
Member Status	<input type="text" value="Enroll"/>	<input type="text" value="Enroll"/>	<input type="text" value="Enroll"/>

Steps

1. Fill Up Other Information Lacking (If Any)
2. Select Member Status
 - a. Enroll
 - b. Removed
3. Click Save