

GENERAL SANTOS DOCTORS HOSPITAL, INC.

National Highway, General Santos City 9500

PHIC Accredited Health Care Provider Tel. Nos.: 083 250 2777, 250 2888 | Fax Nos.: 083 552 5974, 553 3890

Email Address: admin@gensandoctors.com | Website: www.gensandoctors.com

"Healing through Compassionate Caring

Ш CERTIFICAT MEDICAL

Control No.: 68

June 28, 2023

TO WHOM IT MAY CONCERN:

male and PRK. PAGKAKISA, BRGY.LUMAKIL, POLOMOLOK, SOUTH COTABATO years old 6/25/2023 1:05:00 AM with the following findings and or diagnosis: GULMATICO, PEDRO ROLANDO ARDIENTE was examined and treated/confined in the hospital on/from 6/27/2023 6:50:00 PM This is to certify that currently residing at

9

(Physician's Impression):

INSOMIA SECONDARY TO CHRONIC KIDNEY DISEASE SECONDARY TO URATE NEPHROPATHY; DIABETES MELLITUS TYPE II; ANEMIA

Operations Performed:

This certificate is being issued upon the request of FLORES, MYRNA (COUSIN) to be used exclusively for FINANCIAL ASSISTANCE purposes.

REMARKS:

NOTE: NOT TO BE USED FOR MEDICO LEGAL PURPOSES.

MA. ELIZABETH ENRIQUE FACTURAN, MD

Attending Physician

License No.: 66613

GENERAL SANTOS DOCTORS HOSPITAL, INC. National Highway City Heights General Santos City South Cotabato Philippines 9500

Tel. No(s): 083-250-2777 / 083-250-2888 | E-mail: admin@gensandoctors.com

PATIENT'S BILL ant ID: 275726

134 - 1

Room No.: Patient ID:

Statement of Account

"Healing through Compassionate Caring"

PHIC Accredited Health Care Provider

Patient Name: GULMATICO, PEDRO ROLANDO ARDIENTE
Hospitalization Plan: Philhealth
Attending Doctor(s): MA. ELIZABETH ENRIQUE FACTURAN, MD
Patient Address: Patient Name:

68Y7M23D Age: Admission No.:

PRK. PAGKAKISA BRGY. I IMAKY. MD	Admission Data:	
HOSPITAL BILL		.: 06/25/2023
	; [
Room Charges(2.00 Day(s) @ 3000 po)	CHARGES	DAVMENT
CENTRAL SUPPI Y BOOM		. ATMENI/CN
LABORATORY	6,000.00	0.00
IND COLUMN	1,988.68	00.0
TOOK ID	6,847.50	00:0
PHARMACY	1 700 00	0.00
ADMIN-ADMITTING SECTION	1,200.00	0.00
NSO-EMERGENCY BOOM	523.62	0.00
MOON TO AVERA	800.00	000
N. CA.	2,662 En	0000
Professional Fee	2,002.30	0.00
Philhealth Bonet.	740.00	0.00
	8,390,00	2
SENIOR CITIZEN DISCOUNT		0.00
SC DISCOUNT	00.0	11,300.00
Pavment	00.00	3,052.46
	0.00	1.000 00
	0.00	5.000 00
	28,652,30	
TOTAL BALANCE DIJE		44,352.46

8 200 64	0:00 HMO BALANCE 0.00 5,000.00 0.00 5,000.00 Hospital Bill Professional Fee	0.00	
OTAL BALANCE DUE	ACTUAL DISCOUNT PHILHEALTH INSTRUFEE PAYMENT 3,390.00 0.00 3,390.00 0.00 0.00 3,390.00 0.00 0.00 0.00 C O V E R A G E	TOTAL GUARANTEED BENEFITS	Proposed p.
	BETH ALFEE S	OPERATING ROOM FEE TOTAL PHIC COVERAGE 7,910.00	discussives as your invoice,
	PROFESSIONAL FEE(S) FACTURAN, MA. ELIZABETH TOTAL PROFESSIONAL FEE PHILHEALTH DETAILS ROOM AND BOARD DRUGS AND MEDICINE XRAY, LAB / OTHERS	OPERATING ROOM FEE TOTAL PHIC COVERAGE Note: This summary	Name & Signature:

ESPRA, APRILLE ROSE V.

Prepared By:

Relation to Member:

Contact No:

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Billing Clerk

Run Datetime: 6/27/2023 6:33:46 PM

