



ST. DOMINIC SAVIO GENERAL HOSPITAL, INC.
NATIONAL HIGHWAY, KOLAMBOG, ISULAN, SULTAN KUDARAT

MEDICAL CERTIFICATE

To Whom It May Concern:

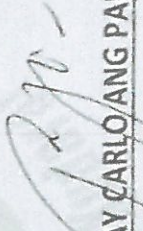
Date: June 27, 2023

This is to certify that MONTILLANO, ANTONIO GUSAT been examined and treated in this Hospital on June 19, 2023 to June 25, 2023.

This certificate is issued to MONTILLANO, ANTONIO GUSAT for whatever purpose it may serve.

DIAGNOSIS:

END STAGE RENAL DISEASE SECONDARY TO URIC ACID NEPHROPATHY
STATUS POST HEMODIALYSIS, URINARY TRACT INFECTION COMPLICATED


OMAR JULHASSAN MOLLENO/ BRYAN JAY CARLO ANG PAÑA M.D

Attending Physician/ Resident On Duty

Lic. No. 0117167/ 0161639



STATEMENT OF ACCOUNTS

SOA Reference No.: 12023-0300

ST. DOMINIC SAVIO GENERAL HOSPITAL
National Highway Barangay Kolambing, Sultan, Sultan Kudarat

Patient Name: MONTILANO, ANTONIO GUSAT

Gender: Male

Age: 66Y10M23D

Address: M. ROMAS, STO NIRO SO. COT.

Final Diagnosis: END STAGE RENAL DISEASE SECONDARY TO URIC ACID
NEPHROPATHY STATUS POST HEMODIALYSIS, URINARY
TRACT INFECTION COMPLICATED

Other Diagnosis:

Room: SPM202 Semi-Private

Date Admitted: 06/19/2023 03:40 PM

Date Discharged: 06/25/2023 09:30 AM

First Case Rate: N18.0

Second Case Rate:

Other Diagnosis :	Amounts of Discounts					Philhealth Benefits		
	Actual Charges	VAT exempt	SC	PCSO OSWD DOH(MAP) HMO Others	First Case Rate amount	Second Case Rate amount	Out of Pocket of Patient	
HCI fees								
Room and Board	10,800.00	0.00	2,160.00					
Drugs and Medicines	33,848.50	0.00	6,769.70					
Supplies	7,762.50	0.00	1,552.50					
Laboratory	6,660.00	0.00	1,332.00					
X-Ray	450.00	0.00	90.00					
Oxygen	20,200.00	0.00	4,040.00					
Hospital services	7,800.00	0.00	1,560.00					
Miscellaneous	2,000.00	0.00	400.00					
ER/Triage Fee	1,250.00	0.00	250.00					
Nursing Service Fee	13,600.00	0.00	2,720.00					
Subtotal	104,371.00	0.00	20,874.20	0.00	10,150.00	0.00	73,346.80	
Professional fee/s								
1. Attending:	12,312.50	0.00	2,462.50	0.00	4,350.00	0.00	5,500.00	
MOLLENO, OMAR								
JULHASSAN TUERES,	1,250.00	0.00	250.00	0.00	0.00	0.00	1,000.00	
2. Attending:								
FLORES, BRYAN A.	13,562.50	0.00	2,712.50	0.00	4,350.00	0.00	6,500.00	
Subtotal	117,933.50	0.00	23,586.70	0.00	14,500.00	0.00	79,846.80	
Total							(10,000.00)	
Settlements							(10,000.00)	
06/23/2023 OR#2212								
TOTAL SETTLEMENT:						Total	69,846.80	

Prepared by:

MACKY JHON BLASE

Billing Clerk

(Signature above printed name)

Date Signed: 06/25/2023 09:30:00AM

Contact No.:

Conforme:

Member/Patient/Authorized Signature

(Signature above printed name)

Relationship to Member of authorized representative

Date Signed: 25/2023 09:30:00 Contact No.:

Approved by:

Kathryn Kate P. Laus, MHA

Hosp. Administrator

NOTE:

Fill out the Form legibly.

Representative should not sign a blank SOA.