



BONTUYAN MEDICAL HOSPITAL INC.
700 B. Bayan Sr. St., Poblacion, Polomolok, South Cotabato

Telephone no. (083) 500-9343 local 213

Email Address: bmh11964@gmail.com

Philhealth Accredited Level 1 Hospital

TO CASHIER,
PLEASE HOLD FOR PROFILING.
THANK YOU!

Date : July 03, 2023

Medical Certificate

TO WHOM IT MAY CONCERN :

This is to certify that DESAMPARADO, ROSITA SALADA, 77 years of age,
Female and a resident of DAHLIA STREET Poblacion, Polomolok, South Cotabato
was consulted / treated in this hospital on 06/28/2023 up to 07/02/2023

DIAGNOSIS:

COMMUNITY ACQUIRED PNEUMONIA-MODERATE RISK;URINARY TRACT
INFECTION;DIABTES MELLITUS TYPE II,UNCONTROLLED WITH
COMORBIDITIES;ANEMIA MULTIFUNCTIONAL

Remarks:

This certification is issued upon the request of interested party
Monday, July 3, 2023 at Bontuyan Medical Hospital Inc. for any purpose it may serve.

Not Valid for any Medico-Legal Purposes.


RONALD PARIS GALAEZ

ATTENDING PHYSICIAN

PRC License No. : 0125049

PTR No. :



STATEMENT OF ACCOUNT

SOA Reference No.: 2023-67729

Bontuyan Medical Hospital Inc.

700 B. Bayan Sr. Street, Poblacion Polomolok South Cotabato

Telephone No.: 083-500-9343

Name of Patient: DESAMPARADO, ROSITA SALADA Age: 77Y10M26D Room No. / Rate : 220 - SUITE/
Address : DAHLIA STREET Poblacion, Polomolok, South Cotabato Date & Time Admitted : 6/28/2023 12:47 PM

Date & Time Discharged : 7/2/2023 1:08 PM
First Case Rate : J18.92
Second Case Rate :

Final Diagnosis/es and ICD 10 Code/s:

1. J18.92 COMMUNITY ACQUIRED PNEUMONIA III MODERATE RISK
2. N39.0 URINARY TRACT INFECTION
3. E11.7 DIABETES MELLITUS TYPE II UNCONTROLLED WITH COMPLICATIONS
4. E11.2+ N08.3* DIABETES MELLITUS NEPHROPATHY
5. D64.9 ANEMIA MULTIFACTORIAL

Surgical Procedure/s and RVS Code/s, if Applicable :

SUMMARY OF FEES						
Particulars	Actual Charges	VAT exempt	Amount of Discounts		Philhealth Benefits	
			Senior Citizen/ PWD	Place <input checked="" type="checkbox"/> PCSO <input type="checkbox"/> DSWD <input type="checkbox"/> DOH (MAP) <input type="checkbox"/> HMO <input type="checkbox"/> Others:	First Case Rate Amount	Second Case Rate Amount
HCI fees						
Room and Board 4.00 Day(s) @ 1800.00	7,200.00	0.00	1,440.00	0.00		
Drugs and Medicines	6,905.02	0.00	1,381.00	0.00		
Laboratory & Diagnostics	6,943.50	0.00	1,268.70	0.00		
Procedure	0.00	0.00	0.00	0.00		
Supplies	4,173.50	0.00	834.70	0.00		
Others: pls. specify						
Miscellaneous	8,757.50	0.00	680.50	0.00		
Subtotal	33,979.52	0.00	5,604.90	0.00	10,500.00	0.00
Professional fee/s						
GALAEZ, RONALD PARIS	5,625.00	0.00	1,125.00	0.00	4,500.00	0.00
Subtotal	5,625.00	0.00	1,125.00	0.00	4,500.00	0.00
Total	39,604.52	0.00	6,729.90	0.00	15,000.00	0.00
Payments						
Subtotal						
					BALANCE DUE	
					0.00	

Prepared by: 
GUMBAG, LAURENCE SIMBAJON

Billing Clerk/ Accountant
(Signature over printed name)

Date signed.: July 3, 2023

Contact No. :

Conforme:

Member/Patient/Authorized representative
(Signature over printed name)

Relationship to member of authorized representative: _____

Date signed.: _____ Contact No.:/ _____

NOTE:

1. Fill out the form legibly.
2. The member/patient/authorized representative should not sign a blank SOA.
3. Printed copy of SOA or its equivalent should free of charge.

Run Date and Time: 7/3/2023 8:21:32 AM