



BONTUYAN MEDICAL HOSPITAL INC.

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

Telephone no. (083) 500-9343 local 213

Email Address: bmhi1964@gmail.com

Philhealth Accredited Level 1 Hospital

Date : June 30, 2023

Medical Certificate

TO WHOM IT MAY CONCERN :

This is to certify that TAYONE, EMMA LIMPAHAN, 63 years of age,
Female and a resident of PUROK OLANO Magsaysay, Polomolok, South Cotabato
was consulted / treated in this hospital on 06/26/2023 up to 06/30/2023

DIAGNOSIS:

COMMUNITY ACQUIRED PNEUMONIA- MODERATE RISK; HYPERTENSION , STAGE II;
NEPHROLITHIASES, RIGHT

Remarks:

This certification is issued upon the request of interested party
Friday, June 30, 2023 at Bontuyan Medical Hospital Inc. for any purpose it may serve.

Not Valid for any Medico-Legal Purposes.

LAILA BOSTON ESCOTE, MD

ATTENDING PHYSICIAN

PRC License No. : 109024

PTR No. :



STATEMENT OF ACCOUNT

SOA Reference No.: 2023-67514

Bontuyan Medical Hospital Inc.

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

Telephone No.: 083-500-9343

Name of Patient: TAYONE, EMMA LIMPAHAN

Room No./Rate : 212 - PRIVATE/1200.

Age: 63Y4M25D

Address : PUROK OLANO Magsaysay, Polomolok, South Cotabato

Date & Time Admitted : 6/26/2023 7:00 AM

Date & Time Discharged : 6/30/2023 3:14 PM

First Case Rate : J18.92

Second Case Rate :

Final Diagnosis/es and ICD 10 Code/s:

- J18.92 COMMUNITY ACQUIRED PNEUMONIA III MODERATE RISK
- I10.1 HYPERTENSION STAGE II
- N20.0 NEPHROLITHIASIS, RIGHT

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) @ 1200.00	4,800.00	0.00	960.00	0.00		
Drugs and Medicines	3,503.90	0.00	700.78	0.00		
Laboratory & Diagnostics	6,553.00	0.00	1,190.60	0.00		
Procedure	0.00	0.00	0.00	0.00		
Supplies	1,479.50	0.00	295.90	0.00		
Others: pls. specify						
Miscellaneous	2,552.50	0.00	510.50	0.00		
Subtotal	18,888.90	0.00	3,657.78	0.00	10,500.00	0.00
Professional fee/s						
ESCOTE, LAILA BOSTON	8,125.00	0.00	1,625.00	0.00	4,500.00	
Subtotal	8,125.00	0.00	1,625.00	0.00	4,500.00	0.00
Total	27,013.90	0.00	5,282.78	0.00	15,000.00	0.00
					BALANCE DUE 6,731.12	

Prepared by:

GUMBAO, LAURENCE SIMBAJON

Conforme:

Billing Clerk/ Accountant
(Signature over printed name)

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

Date signed.: June 30, 2023

Relationship to member of authorized representative:

Contact No. :

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.