



CERTIFICATE OF CONFINEMENT

TO CASHIER,
PLEASE HOLD FOR PROFILING.
JOE

Date: JUNE 30, 2023

To Whom It May Concern;

Based on our record VILLALOBOS, JOSE CRUZ SIONOS, 62 YEARS OLD/MALE has been confined in this Institution on JUNE 14, 2023 02:47 AM UP TO JUNE 26, 2023 11:48 AM with the following admitting diagnosis;

CHRONIC KIDNEY DISEASE 5 SECONDARY TO DIABETIC NEUROPATHY DIABETIC MYOPATHY. INFECTED WOUND RIGHT HEEL; DIABETIC FOOT RIGHT

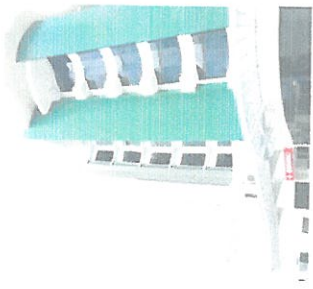
BELOW KNEE AMPUTATION RIGHT
RUV=27880

under the service of DR. STEPHEN D. SALVILLA

REMARKS:

This Certificate is to be used exclusively for MEDICAL FINANCIAL ASSISTANCE PURPOSES.


LORRAINE JOY R. DINGLASAN
Medical Records Staff





Summary of Charges

Name : **VILLALOBOS, JOSE CRUZ SIONOSA**
P.I.N. : **1014964**
Age/ Sex : **62Y1M23D/Male**
Attending Phys. : **STEPHEN DIAZ SALVILLA**
Birth Date : **5/3/1961**
Date Adm. : **6/14/2023**
Room No. : **520**
Time Adm. : **2:47 PM**
Date Disch. : **6/26/2023**
Time Disch. : **11:48 AM**
Charge to: : **MAXICARE**
Room Rate : **2,500.00**
Room Type : **Small Private**
PHIC Type : **Retiree/Pensioner**
Case Type : **PRIVATE**
Res. Address : **POLOTANA PHASE 3 SUBD. BRGY. POBLACION,
POLOMOLOK, SOUTH COTABATO 9504**
First Case Rate : **27880**
Second Case Rate : **90935**
Final Diagnosis : **CHRONIC KIDNEY DISEASE 5 SECONDARY TO
DIABETIC NEUROPATHY DIABETIC MYOPATHY.
INFECTED WOUND RIGHT HEEL ; DIABETIC FOOT
RIGHT**

PARTICULARS	AMOUNT OF DISCOUNTS				PHILHEALTH BENEFITS		
	ACTUAL CHARGES	VAT EXEMPT	SENIOR CITIZEN/ PWD	Place <input checked="" type="checkbox"/> PCSO <input type="checkbox"/> DSWD <input type="checkbox"/> DOH (MAP) <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Others:	OTHER DISCOUNT	FIRST CASE RATE	SECOND CASE RATE
HOSPITAL CHARGES							
ROOM AND BOARD 12.00 DAY (S) @ 2500.00	30,000.00	30,000.00	5,500.00	0.00		9,905.37	14,594.63
MEDICINES	56,982.85	56,982.85	9,585.19	29,798.21		0.00	47,397.66
CARDIO	3,793.89	3,793.89	758.78	0.00		3,035.11	0.00
LABORATORY	19,154.79	19,154.79	3,830.96	3,514.31		11,809.52	3,514.31
PULMONARY DEPARTMENT	2,971.00	2,971.00	594.20	2,376.80		0.00	2,376.80
XRAY	780.37	780.37	156.07	624.30		0.00	624.30
MEDICAL SUPPLIES	41,310.55	41,310.55	8,262.11	22,421.16		0.00	33,048.44
MISCELLANEOUS	108,892.30	108,892.30	21,778.46	59,441.22		0.00	87,113.84
OR CHARGES	280.00	280.00	56.00	224.00		0.00	224.00
OR FEE	4,500.00	4,500.00	900.00	3,600.00		0.00	3,600.00
Total HB:	268,665.75	268,665.75	51,421.77	122,000.00	0.00	13,500.00	192,493.98

PROFESSIONAL FEE

PF-STEPHEN DIAZ SALVILLA	15,288.00	13,650.00	2,730.00	0.00			19,000.00
PF-SITTI JULYHA BALOCO SUIB-SALVILLA	29,050.00	25,937.50	5,187.50	0.00			15,000.00
PF-JOHNSON BULANON WEE	21,000.00	18,750.00	3,750.00	0.00			10,000.00
PF-CARLOS DEALLO LAZARA	22,232.00	19,850.00	3,970.00	0.00			44,000.00
Total PF:	87,570.00	78,187.50	15,637.50	0.00	0.00	16,800.00	236,493.98

Total HB & PF: 356,235.75 346,853.25 67,059.27 122,000.00 0.00 30,300.00 13,000.00 236,493.98

Remarks	OR#	DATE	AMOUNT
MAXICARE	MCF-49772075 FR	6/26/2023	122,000.00 ✓
Total			122,000.00
FINAL BILL (HB+PF-LESS ADJUSTMENT)			114,493.98

Prepared by:

CUNANAN, KIMBERLY

Billing Officer
(Signature over printed name)

Date signed.: 6/26/2023

Contact No. : (083) 887-8888

Conforme:

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

Relationship to the Patient:

Date Signed: _____

Contact No. : _____