



## **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](mailto:bmhi1964@gmail.com)

PhilHealth Accredited Level 1 Hospital

July 03, 2023

### ***Medical Certificate***

#### **TO WHOM IT MAY CONCERN:**

This is to certify that LAMBAYAN, EDUARDO ADRIANO, 74 Years old of Age

Male and a resident of LONDRES VILLAGE Cannery Site Polomolok South Cotabato

was consulted/treated in this hospital on June 29, 2023 Up To July 03, 2023

**DIAGNOSIS: COMMUNITY ACQUIRED PNEUMONIA III MODERATE RISK**

*This certification is being issued upon the request of interested party to as it may served.*

*Not valid for any Medico-Legal Purpose.*

**RONALD PARIS GALAEZ, MD.**

Attending Physician

License No: 0125049



D7C

## STATEMENT OF ACCOUNT

SOA Reference No.: 2023-67808

### Bontuyan Medical Hospital Inc.

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

Telephone No.: 083-500-9343

Name of Patient: LAMBAYAN, EDUARDO ADRIANO Age: 74Y3M25D Room No. / Rate : 208 - SEMI PR/800.

Address : LONDRES VILLAGE Cannery Site, Polomolok, South Cotabato Date & Time Admitted : 6/29/2023 2:00 PM

Date & Time Discharged : 7/3/2023 9:42 AM

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

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

### SUMMARY OF FEES

Particulars	Actual Charges	VAT exempt	Amount of Discounts		Philhealth Benefits		Out of Pocket of Patient
			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	
<b>HCI fees</b>							
Room and Board 4.00 Day(s) @ 800.00	3,200.00	0.00	640.00	0.00			
Drugs and Medicines	5,642.00	0.00	1,128.40	0.00			
Laboratory & Diagnostics	4,577.00	0.00	795.40	0.00			
Procedure	0.00	0.00	0.00	0.00			
Supplies	1,513.00	0.00	302.60	0.00			
Others: pls. specify							
Miscellaneous	2,677.50	0.00	535.50	0.00			
<b>Subtotal</b>	<b>17,609.50</b>	<b>0.00</b>	<b>3,401.90</b>	<b>0.00</b>	<b>10,500.00</b>	<b>0.00</b>	<b>3,707.60</b>
<b>Professional fees</b>							
GALAEZ, RONALD PARIS	5,625.00	0.00	1,125.00	0.00	4,500.00		0.00
<b>Subtotal</b>	<b>5,625.00</b>	<b>0.00</b>	<b>1,125.00</b>	<b>0.00</b>	<b>4,500.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>23,234.50</b>	<b>0.00</b>	<b>4,526.90</b>	<b>0.00</b>	<b>15,000.00</b>	<b>0.00</b>	<b>3,707.60</b>

**BALANCE DUE 3,707.60**

Prepared by:

GUMBAO, 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 10:06:39 AM