



STATEMENT OF ACCOUNT

SOA Reference No.: 2025- 79624

LEPANTO CONSOLIDATED MINING COMPANY HOSPITAL

2609, Lepanto, Mankayan, Benguet

PHILHEALTH ACCREDITED

Name of Patient: FELIX, TAMARAH LOIS LACADEN

Age: 1

Date & Time Admitted : 3/29/2025 9:11 PM

Address : PUKITAN, PACO MANKAYAN BENGUET

Date & Time Discharged : 4/3/25, 7:25 AM

First Case Rate : E86.1

Second Case Rate :

Final Diagnosis/es and ICD 10 Code/s:

- A09.9 ACUTE GASTROENTERITIS
- E86.1 MODERATE DEHYDRATION
- J06.9 UPPER RESPIRATORY TRACT INFECTION

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	
HCI fees							
Room and Board 5.00 Day(s) @ 800.00	4,000.00	0.00	0.00	0.00	3822.00	0.00	1911.00
Drugs and Medicines	1,192.25	0.00	0.00	0.00			702.69
Laboratory & Diagnostics	780.00	0.00	0.00	0.00			96.00
Operating Room fee	0.00	0.00	0.00	0.00			0.00
Supplies	863.88	0.00	0.00	0.00			304.44
Others: pls. specify							
ER Fee	300.00	0.00	0.00	0.00	1638.00	0.00	300.00
Miscellaneous Charges	50.00	0.00	0.00	0.00			50.00
Subtotal	7,186.13	0.00	0.00	0.00			3364.13
Professional fee/s							
LIKIGAN, EVANGELINE DOCLAN	1,755.00	0.00	0.00	0.00	1638.00	0.00	936.00
GALANG-RAGURO, KARIZZA CLAIRE ELENTO	1,755.00	0.00	0.00	0.00			936.00
Subtotal	3,510.00	0.00	0.00	0.00	1638.00	0.00	1872.00
Total	10,696.13	0.00	0.00	0.00	5460.00	0.00	5236.13

ADVINCULA, MARIANNE

Billing Clerk

(Signature over printed name)

Date signed.: 4/3/2025

Contact No.: 09213143803

SHELDON E. FELIX

Member/Patient/Authorized representative

(Signature over printed name)

Relationship to member of authorized representative:

Date signed.: 4/3/2025

Contact no.: 0948 937 4660

NOTE:

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

Run Date and Time: 4/3/2025 8:26:28 AM