**Emergency**

# RIZAL PROVINCIAL HOSPITAL SYSTEM ANTIPOLO ANNEX II

PROVINCIAL ROAD, DALIG, CITY OF ANTIPOLO, RIZAL

Telephone Nos.: 89418518

**Room PATIENT'S STATEMENT OF ACCOUNT**

**0508288064 - ANTONIO, RONELO, APAWAN : Employed - Private Sector Dependent**

NAME : ANTONIO, SUMMER FAITH DOLOR

AGE : 5 y/o

ADDRESS : B4 L45 P3 So Kaila, San Roque (Pob.), City Of Antipolo,

Rizal

DATE TODAY SEX

ACCOUNT NO

: 15 Oct 2025 04:47:32 PM

: Female 000000000019774

: 2025-000022235

DATE/TIME ADMITTED

: 15 Aug 2025 03:36:56 PM

WARD :

DATE/TIME DISCHARGED: 16 Aug 2025 08:45:00 AM

: DABALOS, SHEENA MARIE P

ROOM :

BED :

MSS CLASSIFICATION :

PHIC MEMBERSHIP : 010508288064 - ANTONIO, RONELO, APAWAN : Employed - Private Sector Dependent FINAL DIAGNOSIS : AMOEBIASIS (A06.9)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **REF. NO.** | **QTY** | **PARTICULARS** | **UNIT PRICE** | **DEBIT/CHARGES** | **PHILHEALTH** | **CREDITS** | **BALANCE** |
| **Detailed hospital charges - Internal** | | | | | | | | |
| 08/15/2025 | B25-195853 | 1 | D5LR 1.00 LITER BOT | 1,868.00 | 1,868.00 | 1,868.00  55.00  517.00  180.00  10.00  270.00  175.00  263.00  650.00  156.00  707.00 | 0.00 | 0.00 |
| 08/15/2025 | B25-195853 | 1 | Metronidazole 500.00 MG/ML VIAL | 55.00 | 55.00 | 0.00 | 0.00 |
| 08/15/2025 | B25-195853 | 1 | Omeprazole 40.00 mg VIAL | 517.00 | 517.00 | 0.00 | 0.00 |
| 08/15/2025 | B25-195853 | 2 PC | ABBOCATH/IV CANNULA, 24 | 90.00 | 180.00 | 180.00 | 0.00 |
| 08/15/2025 | B25-195853 | 1 PC | Disposable Syringe, 1cc | 10.00 | 10.00 | 10.00 | 0.00 |
| 08/15/2025 | B25-195853 | 1 PACK | SOLUSET, soluset | 270.00 | 270.00 | 270.00 | 0.00 |
| 08/16/2025 | B25-195922 | 1 PU | Fecalysis | 175.00 | 175.00 | 0.00 | 0.00 |
| 08/16/2025 | B25-195922 | 1 PU | Urinalysis | 263.00 | 263.00 | 0.00 | 0.00 |
| 08/16/2025 | B25-195923 | 1 PU | Emergency Bed | 650.00 | 650.00 | 0.00 | 0.00 |
| 08/16/2025 | B25-195923 | 1 HR | OECB-Vital Signs Monitor | 156.00 | 156.00 | 0.00 | 0.00 |
| 08/16/2025 |  |  | Consultation Fee | 707.00 | 707.00 | 0.00 | 0.00 |
|  |  | **Total for Detailed hospital charges - Internal** | | | **4,851.00** | **4,391.00** | **460.00** | **0.00** |
| **TOTAL AMOUNT DUE** | | | | | **4,851.00** | **4391.00** | **460.00** | **0.00** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUMMARY OF FEES** | | | | | | | |
| **Particulars** | **Actual Charges** | **Discounts (Senior Citizen/PWD, etc.)** | **Philhealth Benefits** | | **Financial Assistance**  **/Subsidy** | **Out of Pocket of Patient** | |
| **First Case Rate Amount** | **Second Case Rate Amount** | **Payments** | **Balance** |
| **HCI Fees** |  | | | | | | |
| Drugs and Medicine NEW | 1,868.00 | 0.00 |  |  |  | 0.00 |  |
| Laboratory EECL | 438.00 | 0.00 |  |  |  | 0.00 |  |
| Drugs and Medicines OECB | 572.00 | 0.00 |  |  |  | 0.00 |  |
| NonDrugs / Supplies | 460.00 | 0.00 |  | 460.00 |  | 0.00 |  |
| Miscellaneous | 806.00 | 0.00 |  |  |  | 0.00 |  |
| **SUBTOTAL** | **4,144.00** | **0.00** | **(3,684.00)** | **460.00** | **0.00** | **0.00** | **1,167.00** |
| **Professional Fee/s** |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUMMARY OF FEES** | | | | | | | |
| **Particulars** | **Actual Charges** | **Discounts (Senior Citizen/PWD, etc.)** | **Philhealth Benefits** | | **Financial Assistance**  **/Subsidy** | **Out of Pocket of Patient** | |
| **First Case Rate Amount** | **Second Case Rate Amount** | **Payments** | **Balance** |
| Emergent ER Consultation | 707.00 | 0.00 |  |  |  |  |  |
| **SUBTOTAL** | **707.00** | **0.00** | **(707.00)** | **0.00** | **0.00** | **0.00** | **0.00** |
| **TOTAL** | **4,851.00** | **0.00** | **(4,391.00)** | **0.00** | **0.00** | **0.00** | **0.00** |

**NBB**

# SUMMARY OF CHARGES - PHIC

**RVS CODE: OPER1**

First Case Description:Facility-based Emergency (FBE) benefit Second Case Description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Actual Charges** | **Amount after Application of Discount (Senior Citizen/PWD, etc)** | **First Case Rate Amount** | **Second Case Rate Amount** | **Amount after Philhealth Deduction** |
| Hospital Charges | 4,144.00 | 4,144.00 | 3,684.00 | 0.00 | **460.00** |
| Consultation Fee | 707.00 | 707.00 | 707.00 | 0.00 | **0.00** |
| **TOTAL** | **4,851.00** | 4,851.00 | **4,851.00** | **0.00** | **460.00** |

CERTIFIED CORRECT BY:

**DASALLA, RENY MARINO BUS. OFFICE / BILLING STAFF**

Contact No.: 8941-8518

PLEASE PAY AT THE CASHIER PRINTED: 10/15/2025 16:47

OR Number AMOUNT DATE

Signature Over Printed Name of Member or Representative If not the member:

Relationship to Member: Contact Number: