**Emergency**

# RIZAL PROVINCIAL HOSPITAL SYSTEM ANTIPOLO ANNEX II

PROVINCIAL ROAD, DALIG, CITY OF ANTIPOLO, RIZAL

Telephone Nos.: 89418518

**Room PATIENT'S STATEMENT OF ACCOUNT**

**030266155170 - BUBAN, ERICA, ABINER : Indigent Dependent**

NAME : BUENDIA, RAJU KIEL BUBAN

AGE : 2 y/o

ADDRESS : Sitio Pinagmisahan, Dela Paz (Pob.), City Of Antipolo, Rizal

DATE TODAY SEX

ACCOUNT NO

: 15 Oct 2025 01:04:01 PM

: Male 000000000061877

: 2025-000014534

DATE/TIME ADMITTED

: 17 May 2025 03:03:59 PM

WARD :

DATE/TIME DISCHARGED: 18 May 2025 08:39:28 AM

: MOSTOLES, KAREN MAY BAUTISTA

ROOM :

BED :

MSS CLASSIFICATION :

PHIC MEMBERSHIP : 030266155170 - BUBAN, ERICA, ABINER : Indigent Dependent FINAL DIAGNOSIS : AGE, SYSTEMIC VIRAL INFECTION (A09, B34.9)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **REF. NO.** | **QTY** | **PARTICULARS** | **UNIT PRICE** | **DEBIT/CHARGES** | **PHILHEALTH** | **CREDITS** | **BALANCE** |
| **Detailed hospital charges - Internal** | | | | | | | | |
| 05/18/2025 | B25-187526 | 1 | D5LR 500.00 ML BOT | 1,868.00 | 1,868.00 | 1,868.00  517.00  20.00  48.00  102.00  175.00  263.00  650.00  156.00  163.00  707.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 | Omeprazole 40.00 mg VIAL | 517.00 | 517.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 | ORAL REHYDRATION SALTS (ORS 75-REPLACEMENT) 5.57 G SOL38 | 20.00 | 20.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 | Paracetamol 150.00 MG/ML amp | 48.00 | 48.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 | Phenytoin 50.00 MG/ML AMP | 102.00 | 102.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 PU | Fecalysis EECL | 175.00 | 175.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 PU | Urinalysis | 263.00 | 263.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 PU | Emergency Bed | 650.00 | 650.00 | 0.00 | 0.00 |
| 05/18/2025 | B25-187526 | 1 HR | OECB-Vital Signs Monitor | 156.00 | 156.00 | 0.00 | 0.00 |
| 05/11/2025  05/11/2025 | B25-192438 | 1 PU | OECB-IV Cannulation/Insertion  Consultation Fee | 163.00  707.00 | 163.00  707.00 | 0.00  0.00 | 0.00  0.00 |
|  |  | **Total for Detailed hospital charges - Internal** | | | **4,669.00** | **4,669.00** | **0.00** | **0.00** |
| **TOTAL AMOUNT DUE** | | | | | **4,669.00** | **4,699.00** | **0.00** | **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 | 687.00 | 0.00 |  |  |  | 0.00 |  |
| Miscellaneous | 969.00 | 0.00 |  |  |  | 0.00 |  |
| **SUBTOTAL** | **3,962.00** | **0.00** | **(3,962.00)** | **0.00** | **0.00** | **0.00** | **0.00** |
| **Professional Fee/s** |  | | | | | | |
| Emergent ER Consultation | 707.00 | 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** |
| **SUBTOTAL** | **707.00** | **0.00** | **(707.00)** | **0.00** | **0.00** | **0.00** | **0.00** |
| **TOTAL** | **4,669.00** | **0.00** | **(4,669.00)** | **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 | 3,962.00 | 3,962.00 | 3,962.00 | 0.00 | **0.00** |
| Consultation Fee | 707.00 | 707.00 | 707.00 | 0.00 | **0.00** |
| **TOTAL** | **4,669.00** | 4,669.00 | **4,669.00** | **0.00** | **0.00** |

CERTIFIED CORRECT BY:

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

Contact No.: 8941-8518

PLEASE PAY AT THE CASHIER PRINTED: 10/15/2025 13:04

OR Number AMOUNT DATE

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

Relationship to Member: Contact Number: