**Emergency**

# RIZAL PROVINCIAL HOSPITAL SYSTEM ANTIPOLO ANNEX II

PROVINCIAL ROAD, DALIG, CITY OF ANTIPOLO, RIZAL

Telephone Nos.: 89418518

**Room PATIENT'S STATEMENT OF ACCOUNT**

**031752418112 - BEJERANO, NANCY, INDAYA : Senior Citizen Member**

NAME : BEJERANO, NANCY INDAYA

AGE : 76 y/o

ADDRESS : So.Harang, San Roque (Pob.), City Of Antipolo, Rizal

DATE TODAY SEX

ACCOUNT NO

: 15 Oct 2025 03:07:33 PM

: Female 000000000122015

: 2025-000022380

DATE/TIME ADMITTED

: 16 Aug 2025 02:22:33 PM

WARD :

DATE/TIME DISCHARGED: 16 Aug 2025 03:58:00 PM

: VALENCIA, JOHN GERARD B

ROOM :

BED :

MSS CLASSIFICATION :

PHIC MEMBERSHIP : 031752418112 - BEJERANO, NANCY, INDAYA : Senior Citizen Member

FINAL DIAGNOSIS : TENDERNESS, SCAPULAR AREA, ABRASION-HEMATOMA, PROXIMAL 3RD THIGH LEFT, 5X3 CM, MIDDLE 3RD,LEFT LEG, 1X1 CM (T00.8)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **REF. NO.** | **QTY** | **PARTICULARS** | **UNIT PRICE** | **DEBIT/CHARGES** | **PHILHEALTH** | **, CREDITS** | **BALANCE** |
| **Detailed hospital charges - Internal** | | | | | | | | |
| 08/16/2025 | B25-195995 | 1 | Tetanus Toxoid (Purified) 40.00 IU/ AMP | 224.00 | 224.00 | 224.00  650.00  707.00  0.00  0.00  156.00 | 0.00 | 0.00 |
| 08/16/2025 | B25-195995 | 1 PU | Emergency Bed | 650.00 | 650.00 | 0.00 | 0.00 |
| 08/16/2025 |  |  | Consultation Fee | 707.00 | 707.00 | 0.00 | 0.00 |
| 08/16/2025 | B25-195995 | 1 PC | Disposable Syringe, 1cc | 10.00 | 10.00 | 10,00 | 0.00 |
| 08/16/2025 | B25-195995 | 1 PC | Disposable Syringe, 5ml | 10.00 | 10.00 | 10.00 | 0.00 |
| 08/16/2025 | B25-203502 | 1 HR | OECB-Vital Signs Monitor | 156.00 | 156.00 | 0.00 | 0.00 |
|  |  | **Total for Detailed hospital charges - Internal** | | | **1,757.00** | **1,737.00** | **20.00** | **0.00** |
| **TOTAL AMOUNT DUE** | | | | | **1,757.00** | **1,737.00** | **20.00** | **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 Medicines OECB | 224.00 | 44.80 |  |  |  | 0.00 |  |
| NonDrugs / Supplies | 20.00 | 4.00 |  |  | 16.00 | 0.00 |  |
| Miscellaneous | 806.00 | 302.60 |  |  |  | 0.00 |  |
| Senior Citizen Discount (20%) |  | *(351.40)* |  |  |  |  |  |
| GENERAL FUND |  |  |  |  | *(16.00)* |  |  |
| **SUBTOTAL** | **1,050.00** | **(351.40)** | **(1,030.00)** | **0.00** | **(16.00)** | **0.00** | **0.00** |
| **Professional Fee/s** |  | | | | | | |
| Emergent ER Consultation | 707.00 | 0.00 |  |  |  |  |  |
| **SUBTOTAL** | **707.00** | **0.00** | **(707.00)** | **0.00** | **0.00** | **0.00** | **0.00** |
| **TOTAL** | **1,757.00** | **(351.40)** | **(1,737.00)** | **0.00** | **(16.00)** | **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 | 1,050.00 | 1,405.60 | 1,030.00 | 0.00 | **16.00** |
| Consultation Fee | 707.00 | 351.40 | 707.00 | 0.00 | **0.00** |
| **TOTAL** | **1,757.00** | 1,757.00 | **1,757.00** | **0.00** | **16.00** |

CERTIFIED CORRECT BY:

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

Contact No.: 8941-8518

PLEASE PAY AT THE CASHIER PRINTED: 10/15/2025 15:07

OR Number AMOUNT DATE

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

Relationship to Member: Contact Number: