

STATEMENT OF ACCOUNT



SOA Reference No: 49645

PASIG DOCTORS MEDICAL CENTER
254 Amang Rodriguez Avenue, Manggahan Pasig City
000-00-00

Patient Name: BRUCAL, JAMES EARL CALIWAG . Age: 44Y7M0D Date and Time Admitted: 05/02/2025 02:33:00
Address: B31B VILLA REGINA F. ANTONIO ST.,
BAMBANG, PASIG CITY Date and Time Discharged: _____
Final Diagnosis (ICD-10/RVS): _____
Other Diagnosis (ICD-10/RVS): _____

Summary of Fees

Fee Particulars	Amount	Mandatory Discount	Philhealth	Other Funding Sources	Balance
Room and Board	21,000.00	-	-	-	-
Drugs and Medicines	95,951.99	-	-	-	-
Laboratory and Diagnostics	39,465.60	-	-	-	-
Operating Room Fees	0.00	-	-	-	-
Medical Supplies	34,217.76	-	-	-	-
Total	190,635.35	0.00	0.00	0.00	190,635.35

Professional Fees

Physician Accreditation Number (check appropriate term with accre)	Physician Name	Amount	Discount	Philhealth	Other Funding Sources	Balance
1202-9809430-5	CABREIRA, MA. TERESITA ZAMORA	0.00	0.00	-	-	0.00
1202-1020587-4	PALISOC, JOHN GEOFFREY GUERRERO	0.00	0.00	-	-	0.00
1304-0000415-9	BELZA, ARAGON BOTE	0.00	0.00	-	-	0.00
1202-1020019-0	PARAGAS-JAVIER, JOCELYN LIM	0.00	0.00	-	-	0.00
1100-000	TIU, EILEEN GRACE GOCHIACO	0.00	0.00	0.00	0.00	0.00
Total						0.00

Itemized Charges

Service Date	Item Name	Unit of Measurement	Price	Quantity	Amount
2/4/2025	ALGINA SUSP	Bottle	87.18	1	87.18
2/4/2025	AMBIDOL 50MG AMP	Ampule	508.03	1	508.03
2/4/2025	COMPLETE BLOOD COUNT (CBC)	None	558.00	1	558.00
2/4/2025	URINALYSIS	None	225.00	1	225.00
2/4/2025	FECALYSIS	None	198.00	1	198.00
2/4/2025	SODIUM (NA)	None	561.60	1	561.60
2/4/2025	POTASSIUM (K)	None	576.00	1	576.00
2/4/2025	EMERGENCY FEE (ER)	None	3,000.00	1	3,000.00
2/4/2025	ACUTE CARE STABILIZATION (EC) (ER)	None	2,400.00	1	2,400.00
2/4/2025	ECG (ER)	None	547.50	1	547.50

2/5/2025	NORGESIC FORTE 650MG/50MG TAB	Tablet	125.31	1	125.31
2/5/2025	G-PRAZ 40MG CAP	Capsule	167.65	1	167.65
2/5/2025	CHEST PA (ADULT)	None	744.04	1	744.04
2/5/2025	ADMISSION KIT & PILLOW	None	1,999.00	1	1,999.00
2/5/2025	PORTABLE PULSE OXIMETER ADULT	Pieces	775.00	1	775.00
2/5/2025	SERUM CREATININE	None	450.89	1	450.89
2/5/2025	CAPILLARY BLOOD GLUCOSE (CBG)	None	332.24	1	332.24
2/5/2025	DISINFECTION FEE (INFECTIOUS)	None	500.00	1	500.00
2/5/2025	OXYGEN PIPE PER 2L (HEMO)	None	1.50	240	360.00
2/5/2025	INTROCAN G22	Pieces	553.59	2	1,107.18
2/5/2025	HEPARIN LOCK	Pieces	106.25	1	106.25
2/5/2025	AMYLASE	None	734.72	1	734.72
2/5/2025	LIPASE	None	771.26	1	771.26
2/5/2025	ACIPRAZ 40MG VIAL	Vial	2,122.85	1	2,122.85
2/5/2025	SPASMOMEN 40MG TAB	Tablet	75.73	3	227.19
2/6/2025	ABDOMEN SUP AND UPR	None	863.78	1	863.78
2/6/2025	NURSING CARE	None	800.00	1	800.00
2/6/2025	ACIPRAZ 40MG VIAL	Vial	2,122.85	2	4,245.70
2/6/2025	INTROCAN G24	Pieces	553.59	2	1,107.18
2/7/2025	WHOLE ABDOMEN WITH CONTRAST	None	17,396.08	1	17,396.08
2/6/2025	GRAM STAIN	None	563.62	1	563.62
2/6/2025	CULTURE AND SENSITIVITY (OS BF)	None	3,132.52	1	3,132.52
2/6/2025	PERITONEAL FLUID ALBUMIN (HP)	None	1,585.15	1	1,585.15
2/6/2025	FLUID ANALYSIS-(GLUCOSE, TP, CELL COUT/ DIFF COUNT	None	1,791.71	1	1,791.71
2/6/2025	COMPLETE BLOOD COUNT (CBC)	None	613.06	1	613.06
2/6/2025	BLOOD CULTURE AND SENSITIVITY	None	3,132.52	2	6,265.04
2/6/2025	POTASSIUM (K)	None	632.83	1	632.83
2/6/2025	ARVEXONE 1G VIAL	Vial	2,263.28	2	4,526.56
2/6/2025	PNSS 500ML	Bottle	310.26	1	310.26
2/7/2025	SOLUSET	Pieces	1,677.55	1	1,677.55
2/7/2025	HEPARIN LOCK	Pieces	106.25	1	106.25
2/7/2025	INTROCAN G20	Pieces	475.31	1	475.31
2/7/2025	SERUM ALBUMIN	None	590.32	1	590.32
2/7/2025	ULTRAVIST 300MG/100ML	Pieces	7,020.00	1	7,020.00
2/7/2025	BLOMES 40MG VIAL	Vial	2,122.85	2	4,245.70
2/7/2025	EFFEZOLIN 4.5G VIAL	Vial	3,200.60	1	3,200.60
2/7/2025	TAZORIFE 2.25G VIAL	Vial	2,213.54	3	6,640.62
2/7/2025	DISINFECTION FEE (INFECTIOUS)	None	500.00	1	500.00
2/7/2025	OXYGEN PIPE PER 2L (HEMO)	None	1.50	240	360.00
2/7/2025	BLOMES 40MG VIAL	Vial	2,122.85	1	2,122.85
2/8/2025	NURSING CARE	None	800.00	1	800.00
2/8/2025	TAZORIFE 2.25G VIAL	Vial	2,213.54	2	4,427.08
2/8/2025	BLOMES 40MG VIAL	Vial	2,122.85	2	4,245.70

2/8/2025	VESILAC 10MG SUPP	Supp	63.10	1	63.10
2/9/2025	TAZORIFE 2.25G VIAL	Vial	2,213.54	3	6,640.62
2/9/2025	SPASMOMEN 40MG TAB	Tablet	75.73	3	227.19
2/9/2025	F-PARA 300MG AMP	Ampule	195.96	2	391.92
2/9/2025	NURSING CARE	None	800.00	1	800.00
2/9/2025	BLOMES 40MG VIAL	Vial	2,122.85	3	6,368.55
2/9/2025	PLR 1L	Bottle	310.26	1	310.26
2/9/2025	INTROCAN G24	Pieces	553.59	2	1,107.18
2/9/2025	PLR 1L	Bottle	310.26	1	310.26
2/9/2025	MACROSET	Pieces	475.31	1	475.31
2/9/2025	TRIFUSE EXTENSION TUBE	Pieces	1,984.10	1	1,984.10
2/9/2025	EFFEZOLIN 4.5G VIAL	Vial	3,200.60	3	9,601.80
2/9/2025	PNSS 500ML	Bottle	310.26	1	310.26
2/9/2025	PLR 1L	Bottle	310.26	1	310.26
2/9/2025	10CC SYRINGE	Pieces	75.49	5	377.45
2/10/2025	NURSING CARE	None	800.00	1	800.00
2/10/2025	DISINFECTION FEE (INFECTIOUS)	None	500.00	1	500.00
2/10/2025	OXYGEN PIPE PER 2L (HEMO)	None	1.50	240	360.00
2/10/2025	F-PARA 300MG AMP	Ampule	195.96	2	391.92
2/10/2025	SPASMOMEN 40MG TAB	Tablet	75.73	1	75.73
2/10/2025	BLOMES 40MG VIAL	Vial	2,122.85	2	4,245.70
2/10/2025	TELMIGET 80MG TAB	Tablet	44.50	1	44.50
2/10/2025	IMDUR DURULES 30MG TAB	Tablet	113.85	1	113.85
2/10/2025	TAZORIFE 2.25G VIAL	Vial	2,213.54	3	6,640.62
2/10/2025	SPASMOMEN 40MG TAB	Tablet	75.73	3	227.19
2/10/2025	F-PARA 300MG AMP	Ampule	195.96	3	587.88
2/10/2025	HIDRASEC 100MG CAP	Capsule	166.63	3	499.89
2/11/2025	OXYGEN PIPE PER LITER 2L	None	2.00	1440	2,880.00
2/11/2025	CAPILLARY BLOOD GLUCOSE (CBG)	None	332.24	1	332.24
2/11/2025	NUTRITIONAL CARE PLAN	None	800.00	1	800.00
2/11/2025	TAZORIFE 2.25G VIAL	Vial	2,213.54	2	4,427.08
2/11/2025	PNSS 50ML	Bottle	228.61	3	685.83
2/11/2025	SYROPEN 1G VIAL	Vial	6,940.08	1	6,940.08
2/11/2025	MORNEM 500MG VIAL	Pieces	6,123.60	1	6,123.60
2/11/2025	BLOMES 40MG VIAL	Vial	2,122.85	1	2,122.85
2/11/2025	AMCETAM 300MG AMP	Ampule	195.96	3	587.88
2/12/2025	HIDRASEC 100MG CAP	Capsule	166.63	3	499.89
2/12/2025	DISINFECTION FEE (INFECTIOUS)	None	500.00	1	500.00
2/12/2025	OXYGEN PIPE PER 3L (HEMO)	None	2.25	240	540.00
Total					169,635.35

Prepared by:

Administrative Account

Billing Clerk / Accountant
(Signature Over Printed Name)

Date Signed:

Contact No.:

Conforme:

Patient / Representative
(Signature Over Printed Name)

Relationship of representative to patient

Date Signed:

Contact No.: