



STATEMENT OF ACCOUNT

SOA Reference No.: 2022-317971

BAUAN DOCTORS GENERAL HOSPITAL

F. MANGOBOS ST., POBLACION I, BAUAN, BATANGAS

(043) 727- 4019 ; (043) 727-3527

Name of Patient: ESCRAMOSA, ALYSSA FRANCESCA ULAT Age: 25 Date & Time Admitted : 7/6/2022 1:33 PM
Address : BALIBAGUHAN, MABINI, BATANGAS Date & Time Discharged : _____
Attending Doctor: DRA. MATILDE MAYLAS-CRUZ Room No. 203
HMO/Guarantor: _____ First Case Rate : 59513
Second Case Rate : _____

Final Diagnosis/es and ICD 10 Code/s:

1 Delivery by caesarean section, unspecified (O82.9)

Other Diagnosis/es and ICD 10 Code/s:

1 Single live birth (Z37.0)

2 Caesarian section, primary (59513)

SUMMARY OF FEES

Particulars	Actual Charges	Amount of Discounts		Philhealth Benefits		Funding Agency	Out of Pocket of Patient
		VAT exempt	Senior Citizen/ PWD	First Case Rate Amount	Second Case Rate Amount	Place <input checked="" type="checkbox"/> PCSO <input type="checkbox"/> DSWD <input type="checkbox"/> DOH (NAP) <input type="checkbox"/> HMO <input checked="" type="checkbox"/> Others:	
HCI fees							
Room and Board 2.00 Day(s) @ 1600.00	3,200.00	0.00	-	-	-	-	-
Medicines	4,896.25	0.00	-	-	-	-	-
Laboratory	2,940.00	0.00	-	-	-	-	-
Radiology	0.00	0.00	-	-	-	-	-
Operating Room fee / Procedure	5,500.00	0.00	-	-	-	-	-
Medical Supplies	5,234.00	0.00	-	-	-	-	-
Others: pls. specify							
Admission/Service Fee	6,680.00	0.00	-	-	-	-	-
Credit Adjustment	(5,230.25)	0.00	-	-	-	-	-
Miscellaneous Charges	2,200.00	0.00	-	-	-	-	-
Supplies	100.00	0.00	-	-	-	-	-
Subtotal	25,520.00	0.00	0.00	11,400.00	0.00	4,000.00	10,120.00

PAID

08 JUL 2022



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Address : BALIBAGUHAN, MABINI, BATANGAS Date & Time Discharged : _____
Attending Doctor: DRA. MATILDE MAYLAS-CRUZ Room No. 203

Professional fee/s							
CRUZ, MATILDE MAYLAS	5,880.00	0.00	0.00	5,320.00		0.00	560.00
GLORIA, MARK RYAN ASERON	1,200.00	0.00	0.00	0.00		0.00	1,200.00
ALVAREZ, ANASTACIO DIMAZANA	2,840.00	0.00	0.00	2,280.00		0.00	560.00
ILAGAN, GLORIA CASTILLO	560.00	0.00	0.00	0.00		0.00	560.00
Subtotal	10,480.00	0.00	0.00	7,600.00	0.00	0.00	2,880.00
Total	36,000.00	0.00	0.00	19,000.00	0.00	4,000.00	13,000.00

Prepared by: 
DIPASUPIL, JESSICA MAY SARMIENTO

Billing Officer/ Accountant
(Signature over printed name)

Date signed.: _____

Contact No. : _____

Conforme:

Member/Patient/Authorized representative
(Signature over printed name)

Relationship to member of authorized representative: _____

Date signed.: _____

Contact no.: _____

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

Run Date and Time: 7/6/2022 2:58:13 PM

BAUAN DOCTORS GENERAL HOSPITAL

F. MANGOBOS ST., POBLACION I, BAUAN, BATANGAS

Tel. No(s): (043) 727-4019 ; (043) 727-3527

Detailed Patient Statement of Account

Run Datetime: 7/8/2022 2:58:24 PM

Patient Name: **ESCRAMOSA, ALYSSA FRANCESCA ULAT**
 Hospitalization Plan: **PhilHealth**
 Attending Doctor(s): **DRA. MATILDE MAYLAS-CRUZ**
 Patient Address: **BALIBAGUHAN, MABINI, BATANGAS**

Admission No.: **41885**
 Age: **25Y2M19D**
 Admission Date: **07/06/2022**
 Discharge:
 Room No.: **203**

Date	Description	QTY	Unit Price	Amount
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ROOMS

7/7/2022	203	1.00	1,600.00	1,600.00
7/8/2022	203	1.00	1,600.00	1,600.00
	Total			3,200.00

LABORATORY

07/06/2022	RELATIVE ANTIGEN SWAB (With Patient)	2.00	980.00	1,960.00
	Total			1,960.00
07/07/2022	RAPID ANTIGEN SWAB - OUTPATIENT (OPD)	1.00	980.00	980.00
	Total			980.00

PHARMACY

07/06/2022	3CC SYRINGE	3.00	22.00	66.00
	ADULT DIAPER	3.00	45.00	135.00
	BUPIRIGHT AMPULE	1.00	1,081.25	1,081.25
	CETHERGO AMP	1.00	234.00	234.00
	D5 LR 1L	3.00	206.00	618.00
	D5 NM 1L	1.00	206.00	206.00
	EVATOCIN 10IU/ML AMPULE	1.00	150.25	150.25
	GYNE TOCIN	1.00	234.00	234.00
	IV CATHETER G20	1.00	290.00	290.00
	MICROPORE 1 IN	1.00	55.00	55.00
	NUBAIN AMPULE	1.00	385.25	385.25
	PATIENT ID - ADULT	1.00	9.00	9.00
	PROFUREX 750MG VIAL	1.00	657.25	657.25
	PROMETHAZINE AMPULE	1.00	185.25	185.25
	RAZOR (DISPOSABLE)	1.00	40.00	40.00

Note: This SOA also serves as your invoice

DIPASUPIL, JESSICA MAY SARMIENTO

Billing Officer

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 Age: **25Y2M19D**
 Admission Date: **07/06/2022**
 Discharge:
 Room No.: **203**

Date	Description	QTY	Unit Price	Amount
07/06/2022	SAFESET/MACROSET	1.00	250.00	250.00
	STERILE WATER 20ML	1.00	50.00	50.00
	ZIROLAC 30MG/ML AMPULE	2.00	292.50	585.00
	Total			5,231.25
07/07/2022	3CC SYRINGE	1.00	22.00	22.00
	ADULT DIAPER	-1.00	45.00	-45.00
	ISTAN 500MG CAPSULE	5.00	17.50	87.50
	QINOLON 200MG TAB	3.00	97.50	292.50
	ZIROLAC 30MG/ML AMPULE	1.00	292.50	292.50
	Total			649.50
07/08/2022	ISTAN 500MG CAPSULE	-1.00	17.50	-17.50
	QINOLON 200MG TAB	-2.00	97.50	-195.00
	Total			-212.50
OPERATING/DELIVERY ROOM Charges & Procedure				
07/06/2022	10CC SYRINGE	1.00	27.00	27.00
	1CC SYRINGE	1.00	27.00	27.00
	3CC SYRINGE	1.00	22.00	22.00
	5CC SYRINGE	2.00	22.00	44.00
	ABDOMINAL BINDER	1.00	330.00	330.00
	ADULT DIAPER	1.00	45.00	45.00
	BLADE 20	1.00	99.00	99.00
	BLUE PAD	1.00	66.00	66.00
	CAESARIAN SECTION	1.00	5,500.00	5,500.00
	CORD DRESSING (OR/DR)	1.00	250.00	250.00
	DISPOSABLE GLOVES	1.00	100.00	100.00
	FOLEY CAT 2WAY F16	1.00	135.00	135.00

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Date	Description	QTY	Unit Price	Amount
07/06/2022	GLOVES 6.5	1.00	100.00	100.00
	GLOVES 7	5.00	100.00	500.00
	GLOVES 7.5	2.00	100.00	200.00
	MAJOR PACK	1.00	900.00	900.00
	MONOSYN 1 HR 37s	2.00	504.00	1,008.00
	MONOSYN 2-0	1.00	528.00	528.00
	OS 4X8	1.00	150.00	150.00
	PNSS IRRIGATING SOLUTION - OR	1.00	50.00	50.00
	PULSE OXIMETER	1.00	300.00	300.00
	SKIN PREP (MAJOR)	1.00	350.00	350.00
	SPINAL NEEDLE G25	1.00	165.00	165.00
	SPINAL SET	1.00	300.00	300.00
	SUCTION MACHINE	1.00	300.00	300.00
	SUCTION TUBING	1.00	634.00	634.00
	URINE BAG	1.00	132.00	132.00
	Total			12,262.00
Professional Fee				
07/08/2022	ALVAREZ, ANASTACIO DIMAZANA			2,840.00
	CRUZ, MATILDE MAYLAS			5,880.00
	GLORIA, MARK RYAN ASERON			1,200.00
	ILAGAN, GLORIA CASTILLO			560.00
	Total			10,480.00
ADMISSION/SERVICE FEE				
07/08/2022	ADMISSION FEE	1.00	1,680.00	1,680.00
	DISINFECTION FEE	1.00	2,600.00	2,600.00

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Date	Description	QTY	Unit Price	Amount
07/08/2022	SERVICE FEE	1.00	2,400.00	2,400.00
	Total			6,680.00
Courtesy Discount				
07/08/2022	Courtesy Discount			-4,000.00
	Total			-4,000.00
Credit Adjustment				
07/08/2022				-5,230.25
	Total			-5,230.25
PhilHealth Benefits				
07/08/2022	PhilHealth Benefits			-19,000.00
	Total			-19,000.00
Total>>>				13,000.00

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