



RAMIRO COMMUNITY HOSPITAL

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines

Tel. No(s): 6338-4113515

Summary of Statement of Account

Run Datetime: 7/5/2023 9:26:21 AM

Patient Name: **FRANCISCO, LINIE CACHO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. VALERIE MARIE SEPE YAP**
Patient Address: **Magsija, Balilihan, Bohol, Philippines 6303**

Registry No: **479201**
Age: **78Y3M26D**
Registry Date: **07/05/2023**
Discharge:

PARTICULARS		AMOUNT
Hospital Charges	Medicines	72.00
	Subtotal Net of CN ()	72.00
	Total	72.00
Professional Fee	YAP, VALERIE MARIE SEPE	650.00
	Subtotal	650.00
	Philhealth Benefits (PF)	
	Total	650.00
Payment	Payment (PF300.00)	(300.00)
	Subtotal	(300.00)
Please Pay for this Amount		422.00

Important:

The Statement of Account is not a receipt of payment. The hospital reserves the right to bill you of additional charges incurred which were not covered by your health insurance (PHILHEALTH and/or HMO).

For possible PHILHEALTH refund, please contact 411-3515 ext 1116 or 501-9646 within (30) days upon receipt of your Benefit Payment Notice.

Remarks:

The balance reflected in this Statement of Account represents the professional fee/s paid directly to the Physician/s and/or the unpaid Hospital Bill stated in the Promissory Note hereby attached.

Billed By:

Approved By:

CLAVE, WILLIAM DOLOGUIN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor

