



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: 6/22/2023 10:58:23 AM

Patient Name: **POTANE, JOEL NARAISO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. JOAR KENT PELIGRINO GUMAPON**
Patient Address: **Prk 1 Taguihon, Baclayon, Bohol, Philippines 6301**

Admission No: **51960**
Age: **63Y0M17D**
Admission Date: **05/24/2023**
Discharge: **5/25/2023 3:02 PM**
Room No.: **RM 315 - 1**

PARTICULARS	AMOUNT
Hospital Charges	
Room Charges(2.00 Day(s) @ 2200.00)	4,400.00
Laboratory Examination	2,641.00
Medicines	197.25
Miscellaneous Charges	800.00
Other Fees	1,200.00
Supplies	1,902.00
<i>Subtotal Net of CN ()</i>	11,140.25
Senior Citizen Discount	(2,228.05)
Philhealth Benefits (HB)	7,000.00
Total	1,912.20
GUMAPON, JOAR KENT PELIGRINO	4,100.00
Professional Fee	
<i>Subtotal</i>	4,100.00
Philhealth Benefits (PF)	3,000.00
Total	1,100.00
	(1,100.00)

Please Pay for this Amount **7,112.2**

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.
Kindly issue check payable to Luther Z. Ramiro Medical Center, Inc.

Billed By:

Approved By:

LABESORES, MARIAN CACAYAN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor