



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: **NAYRE, MARIA LILANI CONEJERO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. JOAR KENT PELIGRINO GUMAPON**
Patient Address: **New Lourdes, Cortes, 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
	Subtotal Net of CN ()	11,140.25
	Senior Citizen Discount	(2,228.05)
	Philhealth Benefits (HB)	7,000.00
	Total	1,912.20
Professional Fee	GUMAPON, JOAR KENT PELIGRINO	4,100.00
	Subtotal	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.

Billed By:

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.

Approved By:

LABESORES, MARIAN CACAYAN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor