



## 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: **FRANCISCO, LINIE CACHO**  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. JOAR KENT PELIGRINO GUMAPON**  
Patient Address: **Magsija, Balilihan, Bohol, Philippines**

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

PARTICULARS	AMOUNT
<b>Hospital Charges</b>	
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
<b>Total .....</b>	<b>1,912.20</b>
<b>Professional Fee</b>	
GUMAPON, JOAR KENT PELIGRINO	4,100.00
Subtotal .....	4,100.00
Philhealth Benefits (PF)	3,000.00
	(1,100.00)
<b>Total .....</b>	<b>1,100.00</b>

Please Pay for this Amount **3,012.2**

### 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

