



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: 5/4/2023 10:36:13 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **Self-Pay**
Attending Doctor(s):
Patient Address: **Prk 7 Tabalong, Daus, Bohol, Philippines 6339**

Registry No: **479256**
Age: **34Y5M5D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS		AMOUNT
Hospital Charges	Ultrasound	840.00
	<i>Subtotal Net of CN ()</i>	840.00
	Total	840.00
	<i>Subtotal</i>	
	Philhealth Benefits (PF)	
	Total	0.00

Please Pay for this Amount **840.00**

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