



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: 5/17/2023 8:44:23 AM

Patient Name:	POTANE, JOEL NARAISO	Admission No:	51512
Hospitalization Plan:	PhilHealth	Age:	77Y11M17D
Attending Doctor(s):	DR. FLORENCE GONZAGA CEPEDOZA	Admission Date:	04/16/2023
Patient Address:	Prk 1 Nahud, Danao, Bohol, Philippines 6344	Discharge:	
		Room No.:	RM 312 - 1

PARTICULARS		AMOUNT		
Hospital Charges	Room Charges(5.00 Day(s) @ 1300.00, 23.00 Day(s) @ 4500.00, 3.00 Day(s) @ 4500.00)			123,500.00
	Cardiology			10,580.00
	CT Scan			25,680.00
	Laboratory Examination			104,570.50
	Medicines			233,574.75
	Miscellaneous Charges			61,498.00
	Nutrition and Dietetics			6,920.00
	Other Fees			194,200.00
	Procedure			29,750.00
	Respiratory unit			27,000.00
	Supplies			114,502.03
	Ultrasound			2,054.00
	X-Ray			11,961.00
	<i>Subtotal Net of CN (23,215.05)</i>			945,790.28
	Senior Citizen Discount			(188,831.66)
Total				756,958.62
Professional Fee		Gross	Discount	Vat
	BALUYOT, KAZAN BENIGNO SIMBAHON	46,200.00	8,250.00	4,950.00
	SEPE, JOHN PAUL INRES	7,563.00	1,512.60	0.00
	SALADA, ELLAN LYLL BARINQUE	16,500.00	3,300.00	0.00
	CUNANAN, ELLEEN LAUREL	8,250.00	1,650.00	0.00
	LOMAAD, GEEF MICHAEL CINCO	116,875.00	23,375.00	0.00
	EDULAN, VAUGHN CAESAR LOMAAD	41,250.00	8,250.00	0.00
	CEPEDOZA, FLORENCE GONZAGA			0.00
	ALBANO, EMMANUEL, JR. ESCARLAN			0.00
	CAGULADA, ARNOLD JOSEPH PEREZ			0.00
	CEPEDOZA, JESUS BRYAN GONZAGA			0.00
	MACAPAZ, JEANETTE MATEA MOLINA			0.00
	<i>Subtotal</i>			185,350.40
	Philhealth Benefits (PF)			
Total				185,350.40
Payment	Payment (HB1290.00,PF0.00)			(1,290.00)



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Discharge:
Room No.: **RM 312 - 1**

PARTICULARS

AMOUNT

Payment	Payment (HB50000.00,PF0.00)	(50,000.00)
	Payment (HB400.00,PF0.00)	(400.00)
	Payment (HB2112.00,PF0.00)	(2,112.00)
	Payment (HB1900.00,PF0.00)	(1,900.00)
	Payment (HB50000.00,PF0.00)	(50,000.00)
	Payment (HB2054.00,PF0.00)	(2,054.00)
	Payment (HB100.00,PF0.00)	(100.00)
	Payment (HB420.00,PF0.00)	(420.00)
	Payment (HB3400.00,PF0.00)	(3,400.00)
	Payment (HB70000.00,PF0.00)	(70,000.00)
	Payment (HB94.00,PF0.00)	(94.00)
	Payment (HB11190.00,PF0.00)	(11,190.00)
	Payment (HB2810.00,PF0.00)	(2,810.00)
	Payment (HB2810.00,PF0.00)	(2,810.00)
	Payment (HB60000.00,PF0.00)	(60,000.00)
	Payment (HB1508.00,PF0.00)	(1,508.00)
	Payment (HB50000.00,PF0.00)	(50,000.00)
	Payment (HB220.00,PF0.00)	(220.00)
	Payment (HB140.00,PF0.00)	(140.00)
	Payment (HB140.00,PF0.00)	(140.00)
	Payment (HB100000.00,PF0.00)	(100,000.00)
	Payment (HB280.00,PF0.00)	(280.00)
	Payment (HB280.00,PF0.00)	(280.00)
	Payment (HB2605.00,PF0.00)	(2,605.00)
	Payment (HB280.00,PF0.00)	(280.00)
	Payment (HB140.00,PF0.00)	(140.00)
	Payment (HB1900.00,PF0.00)	(1,900.00)
	Payment (HB100.00,PF0.00)	(100.00)
	Payment (HB280.00,PF0.00)	(280.00)
	Payment (HB280.00,PF0.00)	(280.00)
	Payment (HB100.00,PF0.00)	(100.00)
	Payment (HB220.00,PF0.00)	(220.00)
	Payment (HB140.00,PF0.00)	(140.00)
	Payment (HB350.00,PF0.00)	(350.00)
	Payment (HB140.00,PF0.00)	(140.00)
	Payment (HB125.00,PF0.00)	(125.00)
	<i>Subtotal</i>	(417,808.00)



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PARTICULARS

AMOUNT

Please Pay for this Amount

524,501.02

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