



# 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: **PINAR, FLORA MAE PAJO**  
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
<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
<i>Subtotal Net of CN () .....</i>	<u>11,140.25</u>
Senior Citizen Discount	(2,228.05)
Philhealth Benefits (HB)	7,000.00
<b>Total .....</b>	<b><u>1,912.20</u></b>
GUMAPON, JOAR KENT PELIGRINO	4,100.00
<b>Professional Fee</b>	
<i>Subtotal .....</i>	<u>4,100.00</u>
Philhealth Benefits (PF)	3,000.00
<b>Total .....</b>	<b><u>1,100.00</u></b>
	(1,100.00)

Please Pay for this Amount **100,112.2**

### 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