

## **RAMIRO COMMUNITY HOSPITAL**

**Detailed Patient Statement of Account** 

Run Datetime: 6/22/2023 10:58:41 AM

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines Tel. No(s): 6338-4113515

Patient Name:

**CAJEGAS, JENNIFER SIMBAJON** 

Hospitalization Plan:

**PhilHealth** 

Attending Doctor(s):

**DR. JOAR KENT PELIGRINO GUMAPON** 

Patient Address: Prk 1 Taguihon, Baclayon, Bohol, Philippines 6301

Discharge:

Date:

05/24/2023

Admission No:

Age: Admission

5/25/2023 3:02:00 PM

Room No.:

RM 315 - 1

63Y0M17D

51960

Date	Description	дту	Unit Price	Amount
ROOMS				
5/24/202	3 RM 315 - 1	1.00	2,200.00	2,200.00
5/25/202	3 RM 315 - 1	1.00	2,200.00	2,200.00
5/25/202	3 RM 315 - 1	1.00	2,200.00	2,200.00
5/25/202	3 RM 315 - 1	-1.00	2,200.00	-2,200.00
	Total			4,400.00
Emergency Room & E-Ca	rt			
05/24/202	3-WAY STOPCOCK	1.00	135.00	135.00
	ALCOHOL PREP PAD	3.00	7.00	21.00
	COTTON BALLS 5S	1.00	40.00	40.00
	GLOVES-SINGLE M (NONSTERILE	6.00	15.00	90.00
	IV CATH G18	1.00	195.00	195.00
	IV DRESSING TRANSPARENT SIZE	E 7X9 1.00	195.00	195.00
	IV SPLINT ADULT, SMALL (PINK)	1.00	100.00	100.00
	MACROSET	1.00	150.00	150.00
	NORMAL SALINE 1 LITER (E)	1.00	125.00	125.00
	O2 SAT DETERMINATION	1.00	100.00	100.00
	PLASTER (MICROPORE) 1 INCH	1.00	131.00	131.00
	PLASTER LEUKOPLAST 1.25CM/ 1	2 INCHES 1.00	25.00	25.00
	Total			1,307.00
Central Supply Room				
05/24/202	BLOOD ADMINISTRATION SET	2.00	250.00	500.00
	Total			500.00
05/25/202	3 GLOVES-SINGLE M (NONSTERILE	20.00	15.00	300.00
	Total			300.00
Admitting				
05/24/202	ADMISSION KIT	1.00	1,000.00	1,000.00



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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 3:02:00 PM** 

Room No.: RM 315 - 1

	Date	Description	QTY	Unit Price	Amount
	05/24/2023	DISINFECTION FEE	1.00	750.00	750.00
		Total			1,750.00
Floor III Nort	h Nursing Unit & E	-Cart			
	05/25/2023	O2 SAT DETERMINATION	1.00	100.00	100.00
		SURG BOUFFANT CAP DISP	2.00	10.00	20.00
		Total			120.00
Laboratory					
	05/24/2023	COVID ANTIGEN	1.00	660.00	660.00
		DONOR SCREENING (PACK RBC)	1.00	1,500.00	1,500.00
		LAB SURCHARGE (STORAGE FEE-BLOOD BANK)	1.00	50.00	50.00
		X-MATCHING, PER UNIT	1.00	481.00	481.00
		Total			2,691.00
Pharmacy					
	05/24/2023	ALNIX 10MG TAB	1.00	56.25	56.25
		BIOGESIC 500MG TAB	2.00	8.00	16.00
		Total			72.25