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 9:20:00 AM

Patient Name:	**POTANE, JOEL NARAISO**	Admission No:	**51704**
Hospitalization Plan:	**PhilHealth**	Age:	**27Y6M4D**
Attending Doctor(s):	**DR. FLORENCE GONZAGA CEPEDOZA**	Admission Date:	**05/03/2023**
Patient Address:	**Prk 7 Doljo, Panglao, Bohol, Philippines 6340**	Discharge:	
		Room No.:	**RM 323 - 2**

PARTICULARS		AMOUNT
Hospital Charges	Room Charges(1.00 Day(s) @ 800.00)	800.00
	CT Scan	12,000.00
	Laboratory Examination	1,377.00
	Medicines	3,580.50
	Miscellaneous Charges	750.00
	Other Fees	1,100.00
	Supplies	1,520.00
	X-Ray	864.00
	Subtotal Net of CN ()	21,991.50
	Total	**21,991.50**
	CEPEDOZA, FLORENCE GONZAGA	0.00
	Subtotal	
	Philhealth Benefits (PF)	
	Total	**0.00**

Please Pay for this Amount **21,991.50**

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, WELLIAM DOLOGUIN

Billing Clerk

Member/Representative
Signature Over Printed Name / Thumbmark

PBO-Supervisor