



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 9:27:15 AM

Patient Name: [REDACTED]
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **JAMEEL KRISTINE LOPEZ CAMENFORTE**
Patient Address: **Prk 4 Poblacion, Pilar, Bohol, Philippines 6321**

Registry No: **479193**
Age: **54Y6M15D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS	AMOUNT
Hospital Charges	
Laboratory Examination	220.00
Procedure	3,235.00
<i>Subtotal Net of CN ()</i>	<u>3,455.00</u>
PWD Discount	(691.00)
Total	<u>2,764.00</u>
Professional Fee	
CAMENFORTE, JAMEEL KRISTINE LOPEZ	650.00
<i>Subtotal</i>	<u>650.00</u>
Philhealth Benefits (PF)	
Total	<u>650.00</u>
Payment	
Payment (HB176.00,PF0.00)	(176.00)
<i>Subtotal</i>	<u>(176.00)</u>

Please Pay for this Amount **3,238.00**

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