



# RAMIRO COMMUNITY HOSPITAL

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines

AM Tel. No(s): 6338-4113515

## Summary of Statement of Account

Run Datetime: 7/5/2023 9:26:21

Patient Name: **LABUNOG, ALVIN ALAD**  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. VALERIE MARIE SEPE YAP**  
Patient Address: **Villalimpia, Loay, Bohol, Philippines 6303**

Registry No: **479201**  
Age: **78Y3M26D**  
Registry Date: **07/05/2023**  
Discharge:

### PARTICULARS

AMOUNT

<b>Hospital Charges</b>	Medicines	72.00
	Laboratories	1,589.00
	Subtotal Net of CN ( ) .....	1,661.00
	<b>Total .....</b>	<b>1,661.00</b>
<b>Professional Fee</b>	YAP, VALERIE MARIE SEPE	900.00
	Subtotal .....	900.00
	Philhealth Benefits (PF)	
	<b>Total .....</b>	<b>900.00</b>
Please Pay for this Amount		<b>2,561.00</b>

### 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