



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: 4/18/2023 8:21:56 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. EMMA PARCON DOMINGUEZ**
Patient Address: **Upper Katipunan Mansasa Tagbilaran City Bohol
Philippines 6300**

Admission No: **805**
Age: **8Y10M30D**
Admission Date: **01/04/2016**
Discharge: **1/6/2016 2:01 PM**
Room No.: **RM 340 - 3**

PARTICULARS

AMOUNT

Hospital Charges

Room Charges(2.00 Day(s) @ 525.00)	1,050.00
Laboratory Examination	315.00
Medicines	1,000.00
Miscellaneous Charges	17.50
Other Fees	175.00
Respiratory unit	50.00
Supplies	792.50
<i>Subtotal Net of CN (464.00)</i>	<u>3,400.00</u>
Philhealth Benefits (HB)	4,200.00
Total	<u>0.00</u>

Professional Fee

DOMINGUEZ, EMMA PARCON	3,300.00
<i>Subtotal</i>	<u>3,300.00</u>
Philhealth Benefits (PF)	1,800.00
Total	<u>1,500.00</u>

Payment

Payment (HB0.00,PF1500.00)	(1,500.00)
<i>Subtotal</i>	<u>(1,500.00)</u>

Refund **0.00**

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.

Billed By:

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.

Approved By:

CLAVE, WILLIAM DOLOGUIN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor