



RAMIRO COMMUNITY HOSPITAL

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

Detailed Patient Statement of Account

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

Patient Name: **FRANCISCO, LINIE CACHO**
Hospitalization Plan: **PhilHealth**

Admission No: **51960**
Age: Admission **63Y0M17D**

Attending Doctor(s): **DR. JOAR KENT PELIGRINO GUMAPON**
Patient Address: **Magsija, Balilihan, Bohol, Philippines 6301**

Date: **05/24/2023**
Discharge: **5/25/2023 3:02:00 PM**

Room No.: **RM 315 - 1**

Date	Description	QTY	Unit Price	Amount
ROOMS				
5/25/2023	RM 315 - 1	1.00	2,200.00	2,200.00
5/25/2023	RM 315 - 1	-1.00	2,200.00	2,200.00
	Total			4,400.00
Emergency Room & E-Cart				
05/24/2023	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 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/ 12 INCHES	1.00	25.00	25.00
	Total			1,307.00
Central Supply Room				
05/24/2023	BLOOD ADMINISTRATION SET	2.00	250.00	500.00
	Total			500.00
05/25/2023	GLOVES-SINGLE M (NONSTERILE)	20.00	15.00	300.00
	Total			300.00
Admitting				
05/24/2023	ADMISSION KIT	1.00	1,000.00	1,000.00

LABESORES, MARIAN CACAYAN

Billing Clerk



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Tel. No(s): 6338-4113515

Detailed Patient Statement of Account

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

Patient Name: **BOLORON, NOIMIE NISTAL**

Admission No.: **51960**

Hospitalization Plan: **PhilHealth**

Age: **63Y0M17D**

Attending Doctor(s): **DR. JOAR KENT PELIGRINO GUMAPON**

Admission Date: **05/24/2023**

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

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 North 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

LABESORES, MARIAN CACAYAN

Billing Clerk