



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 10:43:30 AM

Patient Name: **POTANE, JOEL NARAISO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. MARIA GRACE SEPULVEDA ARANETA**
Patient Address: **Prk 7 Sta. Cruz Villalimpia, Loay, Bohol, Philippines 6303**

Admission No: **51694**
Age: **77Y3M4D**
Admission Date: **05/03/2023**
Discharge:
Room No.: **RM 359 - 1**

PARTICULARS	AMOUNT
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Hospital Charges	Room Charges(1.00 Day(s) @ 2275.00)	2,275.00
	Cardiology	550.00
	CT Scan	6,120.00
	Laboratory Examination	5,472.00
	Medicines	13,079.00
	Miscellaneous Charges	750.00
	Other Fees	1,360.00
	Supplies	2,164.00
	X-Ray	357.00
	<i>Subtotal Net of CN ()</i>	32,127.00

Total	32,127.00
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ARANETA, MARIA GRACE SEPULVEDA	0.00
<i>Subtotal</i>	
Philhealth Benefits (PF)	
Total	0.00

Please Pay for this Amount **32,127.00**

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