

### STATEMENT OF ACCOUNT

**SOA Reference No.:** 2023-625023

# **RAMIRO COMMUNITY HOSPITAL**

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines 6338-4113515

Name of Patient:	<u> </u>	Age: 57YUM13D Date & Time Admitted	: 5/16/2023 3:15 PM	
Address : Room No.	Prk 4 Cuasi, Loon, Bohol, Philippines 6327	Date & Time Discharged	:	
Attending Physic	:RM 321 :ian: : DR JOSEPH DAN CILOCILO BULI	LECER First Case Rate	: 27524	
Hospitalization P	<b>—</b> 1 1	Second Case Rate	:	
Final Diagnosis/e	es and ICD 10 Code/s:	Admission No.	: 5 <u>1858</u>	

1. S82.01 FRACTURE OPEN PATELLA RIGHT

# Surgical Procedure/s and RVS Code/s, if Applicable :

1. 27524 Open treatment of patellar fracture, w/ internal fixation and/or partial or complete patellectomy and soft tissue repair

SUMMARY OF FEES								
			Amount of Discounts		Philhealth Benefits			
Particulars	Actual Charges	VAT exempt	Senior Citizen/ PWD	Place ⊠ □PCSO □DSWD □DOH (MAP) □HMO □Others:	First Case Rate Amount	Second Case Rate Amount	Out of Pocket of Patient	
HCI fees								
Room and Board 3.00 Day(s) @ 800.00	2,400.00	0.00	0.00	0.00	0.00		2,400.00	
Drugs and Medicines	12,130.10	0.00	0.00	0.00	0.00		12,130.10	
Laboratory & Diagnostics	12,794.00	0.00	0.00	0.00	0.00		12,794.00	
Operating Room fee	10,500.00	0.00	0.00	0.00	7,166.00		3,334.00	
Supplies	15,059.00	0.00	0.00	0.00	2,734.00		12,325.00	
Others: pls. specify								
Miscellaneous Charges	1,100.00	0.00	0.00	0.00	0.00		1,100.00	
Other Fees	6,450.00	0.00	0.00	0.00	1,000.00		5,450.00	
Subtotal	60,433.10	0.00	0.00	0.00	10,900.00	0.00	49,533.10	
Professional fee/s								
BULLECER, JOSEPH DAN CILOCILO	29,056.00	0.00	0.00	0.00	7,056.00		22,000.00	
TORRALBA, JUN IAN OCDENARIA	14,024.00	0.00	0.00	0.00	3,024.00		11,000.00	
AWIL, EDEN RUTH PAIGAN	5,500.00	0.00	0.00	0.00	0.00	ļ	5,500.00	
Subtotal	48,580.00	0.00	0.00	0.00	10,080.00	0.00	38,500.00	
Total	109,013.10	0.00	0.00	0.00	20,980.00	0.00	88,033.10	



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ame of Patient:	SEINES, FIDEE DIEE GR	<b>Age:</b> 57Y0M13D	Date & Time Admitted	: 5/16/20	23 3:15 PM
ddress: Prk	4 Cuasi, Loon, Bohol, Philippines 632	27	Date & Time Discharged	:	
oom No.	:RM 321				
ayments					
	Payments				
Subtotal					
			BALANCE	DUE	88,033.10
Prepared by:		Conforme:			
CLAVE, \	WELLIAM DOLOGUIN				
Billing Clerk/ Accountant (Signature over printed name)		Member/Patient/Authors (Signature over printe	orized representative d name)		•
Date signed.:			er of authorized representa	tive:	

Date signed.:

- NOTE:
  1. Fill out the form legibly.
  2. The member/patient/authorized representative should not sign a blank SOA.
  3. Printed copy of SOA or its equivalent should free of charge.

Contact No. : <u>09992208530</u>

Contact no.: \_\_\_