



# 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 9:14:21 AM

Patient Name: **RAMIRO, JULINA DOLOQUIN**  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. AIDA LIM RAMIRO**  
Patient Address: **645-D CPG Ave Bool Tagbilaran City, Bohol, Philippines 6300**

Admission No: **51642**  
Age: **28Y2M22D**  
Admission Date: **04/27/2023**  
Discharge:  
Room No.: **RM 343 - 1**

PARTICULARS	AMOUNT
<b>Hospital Charges</b>	
Room Charges(7.00 Day(s) @ 2200.00)	15,400.00
Laboratory Examination	3,523.00
Medicines	6,492.15
Miscellaneous Charges	3,475.00
Other Fees	2,100.00
Procedure	7,800.00
Supplies	7,423.00
Ultrasound	1,092.00
<i>Subtotal Net of CN () .....</i>	<u>47,305.15</u>
<b>Total .....</b>	<u><b>47,305.15</b></u>
 RAMIRO, AIDA LIM	 0.00
<i>Subtotal .....</i>	<u>.....</u>
Philhealth Benefits (PF)	<u>.....</u>
<b>Total .....</b>	<u><b>0.00</b></u>

Please Pay for this Amount **47,305.15**

### 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