



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 9:26:21 AM

Patient Name: **POTANE, JOEL NARAISO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. VALERIE MARIE SEPE YAP**
Patient Address: **Villalimpia, Loay, Bohol, Philippines 6303**

Registry No: **479201**
Age: **78Y3M26D**
Registry Date: **05/04/2023**
Discharge:

| PARTICULARS | AMOUNT |
|------------------------------------|------------------------|
| Hospital Charges | |
| Medicines | 113.00 |
| Procedure | 5,500.00 |
| <i>Subtotal Net of CN ()</i> | <u>5,613.00</u> |
| Senior Citizen Discount | (1,122.60) |
| Total | <u>4,490.40</u> |
| Professional Fee | |
| YAP, VALERIE MARIE SEPE | 650.00 |
| <i>Subtotal</i> | <u>650.00</u> |
| Philhealth Benefits (PF) | |
| Total | <u>650.00</u> |
| Payment | |
| Payment (HB2240.40,PF300.00) | (2,540.40) |
| <i>Subtotal</i> | <u>(2,540.40)</u> |

Please Pay for this Amount **2,600.00**

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