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 9:26:48 AM

Patient Name: [redacted]
Hospitalization Plan: **Self-Pay**
Attending Doctor(s):
Patient Address:

Registry No: **479192**
Age: **30Y5M2D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS		AMOUNT
Hospital Charges	Laboratory Examination	650.00
	Subtotal Net of CN ()	650.00
	Total	**650.00**
	Subtotal	
	Philhealth Benefits (PF)	
	Total	**0.00**
Payment	Payment (HB650.00,PF0.00)	(650.00)
	Subtotal	(650.00)

Refund **0.00**

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, WELLIAM DOLOGUIN

Billing Clerk

Member/Representative
Signature Over Printed Name / Thumbmark

PBO-Supervisor