



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 10:42:59 AM

Patient Name: **BARAPON, JAYPEE AGANG**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. JEANETTE MATEA MOLINA MACAPAZ**
Patient Address: **Prk 4 San Jose, Sierra Bullones, Bohol, Philippines 6320**

Admission No: **51671**
Age: **87Y3M23D**
Admission Date: **04/30/2023**
Discharge:
Room No.: **RM 303 - 1**

PARTICULARS	AMOUNT
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Hospital Charges	Room Charges(3.00 Day(s) @ 1300.00)	3,900.00
	Cardiology	5,230.00
	Laboratory Examination	25,402.00
	Medicines	46,784.60
	Miscellaneous Charges	15,751.00
	Other Fees	1,500.00
	Supplies	3,727.00
	X-Ray	357.00
	<i>Subtotal Net of CN (4,221.00)</i>	<u>102,651.60</u>

Total	<u>102,651.60</u>
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MACAPAZ, JEANETTE MATEA MOLINA	0.00
PESTILLOS, PATRICK RARA	0.00
<i>Subtotal</i>	<u> </u>
Philhealth Benefits (PF)	<u> </u>
Total	<u>0.00</u>

Please Pay for this Amount **102,651.60**

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