



**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 10:36:13 AM

Patient Name:

CAJEGAS, JENNIFER SIMBAJON

Registry No:

479256

Hospitalization Plan:

Self-Pay

Age:

34Y5M5D

Attending Doctor(s):

Registry Date:

05/04/2023

Patient Address:

Prk 7 Tabalong, Daus, Bohol, Philippines 6339

Discharge:

PARTICULARS		AMOUNT
Hospital Charges	Ultrasound	1,738.00
	Subtotal Net of CN () .....	1,738.00
Total .....		1,738.00
Subtotal .....		
Philhealth Benefits (PF)		
Total .....		0.00

Please Pay for this Amount

1,738.00

**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