



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: 4/18/2023 8:23:50 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. JEANETTE MATEA MOLINA MACAPAZ**
Patient Address: **Mayana Jagna Bohol Philippines 6308**

Admission No: **1219**
Age: **35Y5M8D**
Admission Date: **01/19/2016**
Discharge: **1/23/2016 5:08 PM**
Room No.: **Bassinett III S - 4**

PARTICULARS

AMOUNT

Hospital Charges

Room Charges(1.00 Day(s) @ 975.00, 3.00 Day(s) @ 1775.00)	6,300.00
Cardiology	415.00
Laboratory Examination	9,545.00
Medicines	14,737.00
Miscellaneous Charges	10,615.00
Nutrition and Dietetics	395.00
Other Fees	575.00
Procedure	1,060.00
Respiratory unit	50.00
Supplies	5,263.00
X-Ray	755.00
<i>Subtotal Net of CN ()</i>	<u>49,710.00</u>
Philhealth Benefits (HB)	22,400.00
Total	<u>27,310.00</u>

Professional Fee

MACAPAZ, JEANETTE MATEA MOLINA	16,600.00
CEPEDOZA, JESUS BRYAN GONZAGA	0.00
<i>Subtotal</i>	<u>16,600.00</u>
Philhealth Benefits (PF)	9,600.00
Total	<u>7,000.00</u>

Payment

Payment (HB120.00,PF0.00)	(120.00)
Payment (HB180.00,PF0.00)	(180.00)
Payment (HB1450.00,PF0.00)	(1,450.00)
Payment (HB240.00,PF0.00)	(240.00)
Payment (HB3420.00,PF0.00)	(3,420.00)
Payment (HB120.00,PF0.00)	(120.00)
Payment (HB1860.00,PF0.00)	(1,860.00)
Payment (HB270.00,PF0.00)	(270.00)
Payment (HB120.00,PF0.00)	(120.00)
Payment (HB2350.00,PF0.00)	(2,350.00)
Payment (HB20.00,PF0.00)	(20.00)
Payment (HB29000.00,PF0.00)	(29,000.00)
Payment (HB10560.00,PF7000.00)	(17,560.00)
<i>Subtotal</i>	<u>(56,710.00)</u>



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Tel. No(s): 6338-4113515

Summary of Statement of Account

Run Datetime: 4/18/2023 8:23:50 AM

Patient Name: **ABULAG, JEFFREY CAHIGAO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. JEANETTE MATEA MOLINA MACAPAZ**
Patient Address: **Mayana Jagna Bohol Philippines 6308**

Admission No: **1219**
Age: **35Y5M8D**
Admission Date: **01/19/2016**
Discharge: **1/23/2016 5:08 PM**
Room No.: **Bassinnet III S - 4**

PARTICULARS

AMOUNT

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, WILLIAM DOLOGUIN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor