



**STATEMENT OF ACCOUNT**

SOA Reference No.: 2023-625023

**RAMIRO COMMUNITY HOSPITAL**

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines

6338-4113515

Name of Patient: ORDERED, FEE-BASED OR Age: 57Y0M13D Date & Time Admitted : 5/16/2023 3:15 PMAddress : Prk 4 Cuasi, Loon, Bohol, Philippines 6327 Date & Time Discharged : Room No. : RM 321

Payments
Payments
Subtotal

**BALANCE DUE 88,033.10**

Prepared by:

CLAVE, WILLIAM DOLOGUINBilling Clerk/ Accountant  
(Signature over printed name)Date signed.: Contact No. : 09992208530

Conforme:

  
Member/Patient/Authorized representative  
(Signature over printed name)Relationship to member of authorized representative: Date signed.:  Contact no.: **NOTE:**

1. Fill out the form legibly.
2. The member/patient/authorized representative should not sign a blank SOA.
3. Printed copy of SOA or its equivalent should free of charge.

Run Date and Time: 5/19/2023 10:10:05 AM