



# 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 9:19:33 AM

Patient Name: [REDACTED]  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. RYAN JAMES BRILLO GACAYAN**  
Patient Address: **San Juan Buenaventura, Baclayon, Bohol, Philippines 6301**

Admission No: **51709**  
Age: **42Y2M28D**  
Admission Date: **05/04/2023**  
Discharge:  
Room No.: **RM 331 - 1**

### PARTICULARS

AMOUNT

#### Hospital Charges

Laboratory Examination	1,897.00
Medicines	346.00
Miscellaneous Charges	750.00
Other Fees	1,200.00
Supplies	1,068.00
Ultrasound	2,054.00
<i>Subtotal Net of CN () .....</i>	<u>7,315.00</u>

**Total .....** **7,315.00**

GACAYAN, RYAN JAMES BRILLO 0.00

*Subtotal .....*

Philhealth Benefits (PF)

**Total .....** **0.00**

Please Pay for this Amount

**7,315.00**

#### 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