



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 9:20:00 AM

Patient Name: **POTANE, JOEL NARAISO**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. FLORENCE GONZAGA CEPEDOZA**
Patient Address: **Prk 7 Doljo, Panglao, Bohol, Philippines 6340**

Admission No: **51704**
Age: **27Y6M4D**
Admission Date: **05/03/2023**
Discharge:
Room No.: **RM 323 - 2**

| PARTICULARS | AMOUNT |
|------------------------------------|------------------|
| Hospital Charges | |
| Room Charges(1.00 Day(s) @ 800.00) | 800.00 |
| CT Scan | 12,000.00 |
| Laboratory Examination | 1,377.00 |
| Medicines | 3,580.50 |
| Miscellaneous Charges | 750.00 |
| Other Fees | 1,100.00 |
| Supplies | 1,520.00 |
| X-Ray | 864.00 |
| <i>Subtotal Net of CN ()</i> | 21,991.50 |
| Total | 21,991.50 |
| CEPEDOZA, FLORENCE GONZAGA | 0.00 |
| <i>Subtotal</i> | |
| Philhealth Benefits (PF) | |
| Total | 0.00 |

Please Pay for this Amount **21,991.50**

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