



# 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: **POTANE, JOEL NARAISO**  
Hospitalization Plan: **Self-Pay**  
Attending Doctor(s):  
Patient Address: **Prk 7 Tabalong, Daus, Bohol, Philippines 6339**

Registry No: **479256**  
Age: **34Y5M5D**  
Registry Date: **05/04/2023**  
Discharge:

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

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