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: 6/22/2023 10:58:23 AM

Patient Name:	**MAWILI, CYRIL ADRIAN BARBARONA**	Admission No:	**51960**
Hospitalization Plan:	**PhilHealth**	Age:	**63Y0M17D**
Attending Doctor(s):	**DR. JOAR KENT PELIGRINO GUMAPON**	Admission Date:	**05/24/2023**
Patient Address:	**Prk 1 Taguihon, Baclayon, Bohol, Philippines 6301**	Discharge:	**5/25/2023 3:02 PM**
		Room No.:	**RM 315 - 1**

PARTICULARS		AMOUNT
Hospital Charges	Room Charges(2.00 Day(s) @ 2200.00)	4,400.00
	Laboratory Examination	2,641.00
	Medicines	197.25
	Miscellaneous Charges	800.00
	Other Fees	1,200.00
	Supplies	1,902.00
	Subtotal Net of CN ()	11,140.25
	Senior Citizen Discount	(2,228.05)
	Philhealth Benefits (HB)	7,000.00
	Total	**1,912.20**
	GUMAPON, JOAR KENT PELIGRINO	4,100.00
Professional Fee		
	Subtotal	4,100.00
	Philhealth Benefits (PF)	3,000.00
	Total	**1,100.00**
		(1,100.00)

Please Pay for this Amount **7,112.2**

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.
Kindly issue check payable to Luther Z. Ramiro Medical Center, Inc.

Billed By:

Approved By:

LABESORES, MARIAN CACAYAN

Billing Clerk

Member/Representative
Signature Over Printed Name / Thumbmark

PBO-Supervisor