



# 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: 4/18/2023 8:20:10 AM

Patient Name: **ABA-A, PACITA H**  
Hospitalization Plan: **Self-Pay**  
Attending Doctor(s):  
Patient Address: **Palo Loay Bohol Philippines 6303**

Registry No: **24167**  
Age: **75Y9M1D**  
Registry Date: **04/06/2016**  
Discharge:

PARTICULARS		AMOUNT
<b>Hospital Charges</b>	Laboratory Examination	500.00
	<i>Subtotal Net of CN () .....</i>	500.00
	<b>Total .....</b>	<b>500.00</b>
	<i>Subtotal .....</i>	
<b>Payment</b>	Philhealth Benefits (PF)	
	<b>Total .....</b>	<b>0.00</b>
	Payment (HB500.00,PF0.00)	(500.00)
	<i>Subtotal .....</i>	(500.00)
Refund		<b>0.00</b>

### 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.

Billed By:

### 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.

Approved By:

**CLAVE, WILLIAM DOLOGUIN**

Member/Representative  
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor