



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 9:26:21 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. VALERIE MARIE SEPE YAP**
Patient Address: **Villalimpia, Loay, Bohol, Philippines 6303**

Registry No: **479201**
Age: **78Y3M26D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS	AMOUNT
Hospital Charges	
Medicines	113.00
Procedure	5,500.00
<i>Subtotal Net of CN ()</i>	<u>5,613.00</u>
Senior Citizen Discount	(1,122.60)
Total	<u>4,490.40</u>
Professional Fee	
YAP, VALERIE MARIE SEPE	650.00
<i>Subtotal</i>	<u>650.00</u>
Philhealth Benefits (PF)	
Total	<u>650.00</u>
Payment	
Payment (HB2240.40,PF300.00)	(2,540.40)
<i>Subtotal</i>	<u>(2,540.40)</u>

Please Pay for this Amount **2,600.00**

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