



# 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 10:42:59 AM

Patient Name: **CAJEGAS, JENNIFER SIMBAJON**  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. JEANETTE MATEA MOLINA MACAPAZ**  
Patient Address: **Prk 4 San Jose, Sierra Bullones, Bohol, Philippines 6320**

Admission No: **51671**  
Age: **87Y3M23D**  
Admission Date: **04/30/2023**  
Discharge:  
Room No.: **RM 303 - 1**

PARTICULARS	AMOUNT
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<b>Hospital Charges</b>	Room Charges(3.00 Day(s) @ 1300.00)	3,900.00
	Cardiology	5,230.00
	Laboratory Examination	25,402.00
	Medicines	46,784.60
	Miscellaneous Charges	15,751.00
	Other Fees	1,500.00
	Supplies	3,727.00
	X-Ray	357.00
	<i>Subtotal Net of CN (4,221.00) .....</i>	102,651.60

<b>Total .....</b>	<b>102,651.60</b>
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MACAPAZ, JEANETTE MATEA MOLINA	0.00
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PESTILLOS, PATRICK RARA	0.00
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<i>Subtotal .....</i>	
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Philhealth Benefits (PF)	
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<b>Total .....</b>	<b>0.00</b>
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Please Pay for this Amount **102,651.60**

### 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