



# 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: 3/22/2023 1:12:24 PM

Patient Name: [REDACTED]  
Hospitalization Plan: **PhilHealth**  
Attending Doctor(s): **DR. ENRIQUETA INRES SEPE**  
Patient Address: **Cabadiangan Loboc Bohol Philippines 6316**

Admission No: **1001**  
Age: **67Y1M22D**  
Admission Date: **01/11/2016**  
Discharge: **1/14/2016 7:37 PM**  
Room No.: **RM 321 - 5**

PARTICULARS	AMOUNT
<b>Hospital Charges</b>	
Room Charges(2.00 Day(s) @ 525.00, 1.00 Day(s) @ 525.00)	1,575.00
Cardiology	340.00
CT Scan	4,100.00
Laboratory Examination	6,410.00
Medicines	6,396.50
Other Fees	196.00
Respiratory unit	25.00
Supplies	606.50
Ultrasound	1,200.00
X-Ray	290.00
<i>Subtotal Net of CN () .....</i>	21,139.00
Philhealth Benefits (HB)	8,260.00
<b>Total .....</b>	<b>12,879.00</b>
<b>Professional Fee</b>	
SEPE, ENRIQUETA INRES	6,040.00
YU, JESSICA SOCORRO GABOYA	0.00
<i>Subtotal .....</i>	6,040.00
Philhealth Benefits (PF)	3,540.00
<b>Total .....</b>	<b>2,500.00</b>
<b>Payment</b>	
Payment (HB12879.00,PF2500.00)	(15,379.00)
<i>Subtotal .....</i>	(15,379.00)

Refund **0.00**

### 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.

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