



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 10:36:13 AM

Patient Name:	BOLORON, NOIMIE NISTAL	Registry No:	479256
Hospitalization Plan:	Self-Pay	Age:	34Y5M5D
Attending Doctor(s):		Registry Date:	05/04/2023
Patient Address:	Prk 7 Tabalong, Daus, Bohol, Philippines 6339	Discharge:	

PARTICULARS		AMOUNT
Hospital Charges	Ultrasound	1,738.00
	<i>Subtotal Net of CN ()</i>	1,738.00
	Total	1,738.00
	<i>Subtotal</i>	
	Philhealth Benefits (PF)	
	Total	0.00

Please Pay for this Amount **1,738.00**

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