



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 9:59:41 AM

Patient Name: **LERA, PACIENCIA MIFLORES**
Hospitalization Plan: **Self-Pay**
Attending Doctor(s): **DR. SARA JESSICA BRILLANTES PIZARRAS**
Patient Address: **Prk 4 Lintuan Loon Bohol, Philippines 6327**

Registry No: **479247**
Age: **70Y0M3D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS	AMOUNT
Hospital Charges	
Laboratory Examination	1,310.00
<i>Subtotal Net of CN ()</i>	1,310.00
 Total	 1,310.00
 PIZARRAS, SARA JESSICA BRILLANTES	0.00
<i>Subtotal</i>	
Philhealth Benefits (PF)	
Total	0.00

Please Pay for this Amount **1,310.00**

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