



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 10:19:45 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **Self-Pay**
Attending Doctor(s): **DR. JEANETTE MATEA MOLINA MACAPAZ**
Patient Address: **Prk 2 Tontonan, Clarin, Bohol, Philippines 6330**

Registry No: **479246**
Age: **40Y1M1D**
Registry Date: **05/04/2023**
Discharge:

PARTICULARS	AMOUNT
Hospital Charges	
CT Scan	5,100.00
Laboratory Examination	2,610.00
<i>Subtotal Net of CN ()</i>	<u>7,710.00</u>
Total	<u>7,710.00</u>
 MACAPAZ, JEANETTE MATEA MOLINA	0.00
<i>Subtotal</i>	<u> </u>
Philhealth Benefits (PF)	<u> </u>
Total	<u>0.00</u>

Please Pay for this Amount **7,710.00**

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