

**STATEMENT OF ACCOUNT**

SOA Reference No.: 2023-622973

RAMIRO COMMUNITY HOSPITAL

0139 C. Gallares Street, Poblacion II Tagbilaran City, Bohol, Philippines

6338-4113515

Name of Patient: DEYTES, NEDRA DEYE Age: 63Y8M14D Date & Time Admitted : 5/5/2023 9:15 PMAddress : Circumferential Rd Poblacion III, Tagbilaran City,, Bohol, Philippine Date & Time Discharged :
Room No. : RM 310Attending Physician: : DR. ANGELITO ALAMAN LECHAGOFirst Case Rate : 150.0Hospitalization Plan : PhilHealthSecond Case Rate :

Final Diagnosis/es and ICD 10 Code/s:

Admission No. : 51731

1. I50.0 CONGESTIVE HEART FAILURE SECONDARY TO VALVULAR HEART DISEASE

Surgical Procedure/s and RVS Code/s, if Applicable :

SUMMARY OF FEES							
Particulars	Actual Charges	VAT exempt	Amount of Discounts		Philhealth Benefits		Out of Pocket of Patient
			Senior Citizen/ PWD	Place <input checked="" type="checkbox"/> PCSO <input checked="" type="checkbox"/> DSWD <input type="checkbox"/> DOH (MAP) <input type="checkbox"/> HMO <input checked="" type="checkbox"/> Others:	First Case Rate Amount	Second Case Rate Amount	
HCI fees							
Room and Board 9.00 Day(s) @ 1300.00, 2.00 Day(s) @ 2275.00, 3.00 Day(s) @ 4500.00	29,750.00	29,750.00	5,950.00	0.00	0.00		23,800.00
Drugs and Medicines	55,683.90	55,683.90	11,136.78	16,965.80	1,532.40		26,048.92
Laboratory & Diagnostics	42,996.00	42,996.00	8,599.20	6,733.80	0.00		27,663.00
Operating Room fee	0.00	0.00	0.00	0.00	0.00		0.00
Supplies	14,201.00	14,201.00	2,840.20	1,220.40	9,457.60		682.80
Others: pls. specify							
Miscellaneous Charges	18,075.00	18,075.00	3,615.00	3,510.00	0.00		10,950.00
Nutrition and Dietetics	340.00	340.00	68.00	170.00	0.00		102.00
Other Fees	14,400.00	14,400.00	2,880.00	6,400.00	0.00		5,120.00
Subtotal	175,445.90	175,445.90	35,089.18	35,000.00	10,990.00	0.00	94,366.72
Professional fee/s							
LECHAGO, ANGELITO ALAMAN	42,014.00	37,512.50	7,502.50	0.00	4,710.00		25,300.00
DAPLAS, ANTONINO ATAYDE	9,625.00	9,625.00	1,925.00	0.00	0.00		7,700.00
TRECERO, SHEILA RAHNIE PADILLA	7,250.00	7,250.00	1,450.00	0.00	0.00		5,800.00
Subtotal	58,889.00	54,387.50	10,877.50	0.00	4,710.00	0.00	38,800.00
Total	234,334.90	229,833.40	45,966.68	35,000.00	15,700.00	0.00	133,166.72

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6338-4113515

Name of Patient: ~~QUETEC, NILDA DEFE~~ Age: 63Y8M14D Date & Time Admitted : 5/5/2023 9:15 PM
Address : Circumferential Rd Poblacion III, Tagbilaran City,, Bohol, Philippine Date & Time Discharged : _____
Room No. : RM 310

Payments	
Payments	49,630.00
Subtotal	49,630.00
BALANCE DUE	
	83,536.72

Prepared by:

CLAVE, WILLIAM DOLOGUIN

Billing Clerk/ Accountant
(Signature over printed name)

Date signed.: _____

Contact No. : 09992208530

Conforme:

Member/Patient/Authorized representative
(Signature over printed name)

Relationship to member of authorized representative: _____

Date signed.: _____ Contact no.: _____

NOTE:

1. Fill out the form legibly.
2. The member/patient/authorized representative should not sign a blank SOA.
3. Printed copy of SOA or its equivalent should free of charge.

Run Date and Time: 5/19/2023 10:04:55 AM