



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: 5/17/2023 8:44:23 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. FLORENCE GONZAGA CEPEDOZA**
Patient Address: **Prk 1 Nahud, Danao, Bohol, Philippines 6344**

Admission No: **51512**
Age: **77Y11M17D**
Admission Date: **04/16/2023**
Discharge:
Room No.: **RM 312 - 1**

PARTICULARS

AMOUNT

Hospital Charges	Room Charges(5.00 Day(s) @ 1300.00, 23.00 Day(s) @ 4500.00, 3.00 Day(s) @ 4500.00)	123,500.00
	Cardiology	10,580.00
	CT Scan	25,680.00
	Laboratory Examination	104,570.50
	Medicines	233,574.75
	Miscellaneous Charges	61,498.00
	Nutrition and Dietetics	6,920.00
	Other Fees	194,200.00
	Procedure	29,750.00
	Respiratory unit	27,000.00
	Supplies	114,502.03
	Ultrasound	2,054.00
	X-Ray	11,961.00
	<i>Subtotal Net of CN (23,215.05)</i>	945,790.28
	Senior Citizen Discount	(188,831.66)

Total **756,958.62**

Professional Fee

	Gross	Discount	Vat	
BALUYOT, KAZAN BENIGNO SIMBAHON	46,200.00	8,250.00	4,950.00	33,000.00
SEPE, JOHN PAUL INRES	7,563.00	1,512.60	0.00	6,050.40
SALADA, ELLAN LYLL BARINQUE	16,500.00	3,300.00	0.00	13,200.00
CUNANAN, ELLEEN LAUREL	8,250.00	1,650.00	0.00	6,600.00
LOMAAD, GEEF MICHAEL CINCO	116,875.00	23,375.00	0.00	93,500.00
EDULAN, VAUGHN CAESAR LOMAAD	41,250.00	8,250.00	0.00	33,000.00
CEPEDOZA, FLORENCE GONZAGA				0.00
ALBANO, EMMANUEL, JR. ESCARLAN				0.00
CAGULADA, ARNOLD JOSEPH PEREZ				0.00
CEPEDOZA, JESUS BRYAN GONZAGA				0.00
MACAPAZ, JEANETTE MATEA MOLINA				0.00
<i>Subtotal</i>				185,350.40
Philhealth Benefits (PF)				

Total **185,350.40**

Payment Payment (HB1290.00,PF0.00) (1,290.00)



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: 5/17/2023 8:44:23 AM

Patient Name: [REDACTED]
Hospitalization Plan: **PhilHealth**
Attending Doctor(s): **DR. FLORENCE GONZAGA CEPEDOZA**
Patient Address: **Prk 1 Nahud, Danao, Bohol, Philippines 6344**

Admission No: **51512**
Age: **77Y11M17D**
Admission Date: **04/16/2023**
Discharge:
Room No.: **RM 312 - 1**

PARTICULARS

	AMOUNT
Payment	
Payment (HB50000.00,PF0.00)	(50,000.00)
Payment (HB400.00,PF0.00)	(400.00)
Payment (HB2112.00,PF0.00)	(2,112.00)
Payment (HB1900.00,PF0.00)	(1,900.00)
Payment (HB50000.00,PF0.00)	(50,000.00)
Payment (HB2054.00,PF0.00)	(2,054.00)
Payment (HB100.00,PF0.00)	(100.00)
Payment (HB420.00,PF0.00)	(420.00)
Payment (HB3400.00,PF0.00)	(3,400.00)
Payment (HB70000.00,PF0.00)	(70,000.00)
Payment (HB94.00,PF0.00)	(94.00)
Payment (HB11190.00,PF0.00)	(11,190.00)
Payment (HB2810.00,PF0.00)	(2,810.00)
Payment (HB2810.00,PF0.00)	(2,810.00)
Payment (HB60000.00,PF0.00)	(60,000.00)
Payment (HB1508.00,PF0.00)	(1,508.00)
Payment (HB50000.00,PF0.00)	(50,000.00)
Payment (HB220.00,PF0.00)	(220.00)
Payment (HB140.00,PF0.00)	(140.00)
Payment (HB140.00,PF0.00)	(140.00)
Payment (HB100000.00,PF0.00)	(100,000.00)
Payment (HB280.00,PF0.00)	(280.00)
Payment (HB280.00,PF0.00)	(280.00)
Payment (HB2605.00,PF0.00)	(2,605.00)
Payment (HB280.00,PF0.00)	(280.00)
Payment (HB140.00,PF0.00)	(140.00)
Payment (HB1900.00,PF0.00)	(1,900.00)
Payment (HB100.00,PF0.00)	(100.00)
Payment (HB280.00,PF0.00)	(280.00)
Payment (HB280.00,PF0.00)	(280.00)
Payment (HB100.00,PF0.00)	(100.00)
Payment (HB220.00,PF0.00)	(220.00)
Payment (HB140.00,PF0.00)	(140.00)
Payment (HB350.00,PF0.00)	(350.00)
Payment (HB140.00,PF0.00)	(140.00)
Payment (HB125.00,PF0.00)	(125.00)
<i>Subtotal</i>	(417,808.00)



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: 5/17/2023 8:44:23 AM

Patient Name:	[REDACTED]	Admission No:	51512
Hospitalization Plan:	PhilHealth	Age:	77Y11M17D
Attending Doctor(s):	DR. FLORENCE GONZAGA CEPEDOZA	Admission Date:	04/16/2023
Patient Address:	Prk 1 Nahud, Danao, Bohol, Philippines 6344	Discharge:	
		Room No.:	RM 312 - 1

PARTICULARS	AMOUNT
Please Pay for this Amount	524,501.02

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
--	---------------	----------------