



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: 4/18/2023 8:20:52 AM

Patient Name: **[REDACTED]**
Hospitalization Plan: **Self-Pay**
Attending Doctor(s):
Patient Address: **Cabadiangan Loboc Bohol Philippines 6316**

Registry No: **7586**
Age: **67Y2M21D**
Registry Date: **01/14/2016**
Discharge:

PARTICULARS		AMOUNT
Hospital Charges	Medicines	65.00
	<i>Subtotal Net of CN ()</i>	65.00
	Total	65.00
	<i>Subtotal</i>	
Payment	Philhealth Benefits (PF)	
	Total	0.00
	Payment (HB65.00,PF0.00)	(65.00)
	<i>Subtotal</i>	(65.00)
Refund		0.00

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.

Billed By:

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.

Approved By:

CLAVE, WILLIAM DOLOGUIN

Member/Representative
Signature Over Printed Name / Thumbmark

Billing Clerk

PBO-Supervisor