



Republic of the Philippines
Province of Leyte
BURAUEN MUNICIPAL HEALTH OFFICE
ANIMAL BITE TREATMENT CENTER

LGU Compound, District VII, Burauen, Leyte
rhuburauen@gmail.com / Tel Num: 053-8399244



STATEMENT OF ACCOUNT STATEMENT OF ACCOUNT

PATIENT'S NAME: _____

DATE ADMITTED: _____

AGE: _____ ADDRESS: _____

TIME ADMITTED: _____

FINAL DIAGNOSIS: _____

DATE DISCHARGED: _____

OTHER DIAGNOSIS 1: _____

TIME DISCHARGED: _____

2: _____

FIRST CASE RATE: _____

3: _____

SECOND CASE RATE: _____

SUMMARY OF SERVICES

PARTICULARS	ACTUAL CHARGES	AMOUNT OF DISCOUNTS			PHILHEALTH BENEFITS		OUT POCKET OF PATIENTS
		VAT EXEMPT	SENIOR CITIZEN/PWD	Place ✓ ____ PCSO ____ DSWD ____ DOH (MAP) ____ HMO ____ OTHERS	FIRST CASE RATE AMOUNT	SECOND CASE RATE AMOUNT	OUT OF POCKET OF PATIENT
HCI FEES	P 1,195.00						P 0.00
Room and Board							P 0.00
Drugs and Medicines	P 2,400.00						P 0.00
Laboratory and Diagnostics							P 0.00
Delivery Room Fee							P 0.00
Medical Supplies	P 1,755.00						P 0.00
Others							
Subtotal	P 5,350.00				P 5,350.00		P 0.00
PROFESSIONAL FEE/S							
	P 500.00						
Subtotal	P 500.00				P 500.00		P 0.00
TOTAL	P 5,850.00				P 5,850.00		P 0.00 / NO BALANCE BILLING

Prepared by:

Conforme:

KEVIN REY C. MAGSAMBOL, RN
Public Health Nurse / PhilHealth In Charge

Member/Patient/Authorized Representative
Signature over Printed Name

Date Signed: _____
Contact Number: 09171809112

Date Signed: _____
Contact Number : _____
Relationship to the Patient: _____