



STATEMENT OF ACCOUNT

Patient No: 230100400170 SA Number: IPC100297482 Room No.: B-339
Patient Name: SUMANTING, RAICA ODAG Telephone No.: 09497835972 Room Rate: 2920
DOB: 09/26/2017 Date Admitted: 04/04/2023 Time: 1029PM
Address: SITIO MAHAYAHAY Guadalupe Cebu City Cebu 6000 Date Discharged: Time:
Responsible REYNMAR SUMANTING
Party:
Attending DR. DESERREE ARREZA YAP
Physician:

HOSPITAL BILLS

Charges:

Table with 3 columns: Description, Amount, Total. Rows include Central Supply Room (949.00), Emergency Room (5,346.16), Laboratory (14,567.00), Pharmacy (478.94), Room Accommodation (2,920.00) with a total of 24,261.10.

Add: 0.00

Less: Partial Payments 45,000.00 45,000.00

Adjustments: NETWORK TO CHH [LABORATORY] (2,500.00), NETWORK TO CHH [LABORATORY] (10,000.00), NETWORK TO CHH [LABORATORY] (-2,500.00) Total (10,000.00)

Amount Due - Hospital Bill (30,738.90)

PROFESSIONAL FEES

Amount Due - ( PROFESSIONAL FEE ) 0.00

Total Amount Due (30,738.90)

CLAIM DETAILS

This serves as statement of account and not as proof of payment. The hospital reserves the right to bill and collect from you: 1. additional charges actually incurred which were not initially billed 2. Philhealth claims deducted in this statement of account but underpaid or denied by Philhealth such as but not limited to - benefit already exhausted, violation of Single Period Policy, double filing. For possible Philhealth refund, please coordinate with our Refund/Billing Section (30) days after receipt of payment confirmation from Philhealth.