



METRO ILOILO HOSPITAL AND MEDICAL CENTER INC.

Metropolis Drive, Tagbak Jaro, Iloilo City

VAT REG TIN: 451-426-194-000

Inpatient Statement of Account

Report Generated Date/Time: 3/27/2024 4:30:50 PM

Patient Name: **CATOTO, ALELI BUYCO**
Attending Doctor(s): **DANILO A. ENCARNACION, M. D.**
Patient Address: **ZONE 6 UNGKA II, PAVIA, ILOILO**

SOA Reference No : 296528
Admission No.: 19798
Age: 56Y0M14D
Admission Date: 3/25/2024 8:26 PM
MGH Date/Time: 3/27/2024 2:37 PM
Discharge Date/Time: 3/27/2024 2:37 PM
Room No : 530 - 1
First Case Rate : 47562.
Second Case Rate :

Hospitalization Plan: PhilHealth
Guarantor Name:
Final Diagnosis/es and ICD 10 Code/s:

1. K80.0 Calculus of gallbladder with acute cholecystitis

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

1. 47562. LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD).

HOSPITAL BILL PARTICULARS	CHARGES	PAYMENT/CN
LABORATORY	12,127.72	0.00
X-RAY	738.50	0.00
CSR	3,023.79	0.00
EMERGENCY ROOM	2,214.59	0.00
PHARMACY DISPENSING	10,752.27	0.00
CARDIOLOGY	682.50	0.00
ULTRASOUND	3,808.43	0.00
OPERATING ROOM	68,310.80	0.00
PHARMACY DISPENSING(Credit Note)	0.00	2,653.57
LABORATORY(Credit Note)	0.00	387.25
Room Charges(2.50 Day(s) @ 3060.00)	9,180.00	1,530.00
Professional Fee	80,080.00	0.00
PhilHealth Benefits	0.00	40,300.00
Payment	0.00	40,000.00
	190,918.60	85,370.82

BALANCE DUE = 105,547.78

PROFESSIONAL FEES PARTICULARS								
DOCTOR(S)	CHARGES	INSTRU. FEE	SC / PWD DISCOUNT	OTHER DISCOUNT	PAYMENT	HMO	PHILHEALTH	BALANCE
CASTROMAYOR, JOHN ARNIBAL ,M.D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ENCARNACION, DANILO ACOSTA ,M.D	3,324.00	0.00	0.00	0.00	0.00	0.00	3,224.00	100.00
LIBUTAQUE, ROSIE ASTURIAS ,M.D	24,996.00	0.00	0.00	0.00	0.00	0.00	4,836.00	20,160.00
TUPAS, CANDICE MAGDALANE ALUMISIN ,M.D	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00
UY, JESSE GABRIDO ,M.D	47,260.00	0.00	0.00	0.00	0.00	0.00	8,060.00	39,200.00
GAYAPA, MARGIE SORILLA ,M.D	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00
TOTAL AMOUNT =	80,080.00	0.00	0.00	0.00	0.00	0.00	16,120.00	63,960.00
Total Professional Fee =								63,960.00

PHILHEALTH DETAILS		GUARANTOR DETAILS	
PARTICULARS	AMOUNT COVERED	GUARANTOR NAME	Hospital Bill Professional Fee
Hospital Bill	24,180.00	GUARANTEED TOTAL AMOUNT =	0.00
Professional Fee	16,120.00		
TOTAL AMOUNT =	40,300.00	NET REFUND =	0.00

MIHMC FINAL BILL

BANEHIT, MAGDALENA FAJARDO
Billing Staff

Signature Over Printed Name of Member/Representative
Relationship to member: _____
Contact No.: _____