

## MEDICAL ASSISTANCE FOR INDIGENT PATIENTS PROGRAM (MAIP)

Region II Trauma and Medical Center  
Office of the AuditorFUND UTILIZATION REPORT  
FOR THE MONTH OF MAY 2020RECEIVED  
DATE: 27 MAY 2020

RECEIVED

By: Kaplan  
Date: 5/27/20  
Time: 8:39 AM

REGION: 2

NAME OF HOSPITAL: REGION II TRAUMA AND MEDICAL CENTER, Bayombong, Nueva VizcayaFUND SOURCE: SAA NO. 2020-04-0642 (NUEVA VIZCAYA)TOTAL ALLOCATION: PHP 4,000,000.00

NO.	NAME OF PATIENTS	ADDRESS	AGE	POINT OF ENTRY	TYPE OF ASSISTANCE	BILL (SOA# -PHIC CLASS/ WARD)	Total Charge for Medicine	Total Professional Fee	TOTAL HOSPITAL CHARGES	TOTAL AMOUNT
						REFERENCE #				
1				Walk-in	Medicines	WD20-007965	3,371.67		3,371.67	3,371.67
2				Walk-in	CT Scan/ Medicines/ Supplies/ CT Scan Reading Fee	WR20-012744/ WD20-008216/ WD20-008214/ WS20-002674	3,239.99	1,500.00	10,253.99	11,753.99
3				Walk-in	X Ray/ Laboratories	WR20-014115/ WL20-020214			530.00	530.00
4				Walk-in	X Ray/ Laboratories	WR20-014116/ WL20-020213			530.00	530.00
5				IP	Hospital Bill	SOA NO. 1237/ OB/PAYWARD			2,701.24	2,701.24
6				IP	Implant	NO. 002429			70,800.00	70,800.00
7				IP	Hospital Bill	SOA NO. 1022/ LMP/PAYWARD			21,122.89	16,898.31
8				IP	Implant	NO. 2429			74,000.00	74,000.00
9				IP	Hospital Bill	SOA NO. 225/ SM/MED			14,823.81	14,823.81
10				IP	Hospital Bill	SOA NO. 1022/ LMP/PAYWARD			56,000.00	30,000.00
11				IP	Hospital Bill	SOA NO. 1175/ LMP/PAYWARD			55,000.00	20,000.00
12				Walk-in	CT Scan	WR20-016066			2,500.00	2,500.00
13				IP	Hospital Bill	SOA NO. 2844/ SEM/PAY WARD			4,580.48	4,580.48
14				IP	Implant	NO. 1695			280,000.00	50,000.00
15				IP	Implant	NO. 000141			79,800.00	50,000.00
16				IP	Implant	NO. 8840			65,000.00	50,000.00
17				IP	Hospital Bill	SOA NO. 3158/ GM/PAYWARD			20,278.56	20,278.56



Confidential

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**Confidential**

IP	Hospital Bill	SOA NO. 3646/ GM/TW			6,620.93	6,620.93
IP	Hospital Bill	SOA NO. 1175/ LMP-SC/PAYWARD			25,000.00	25,000.00
IP	Hospital Bill	SOA NO. 5102 SD/MED			19,249.59	19,249.59
IP	Implant	NO. 002448			42,000.00	30,000.00
IP	Implant	NO. 002446			69,000.00	30,000.00
IP	Implant	NO. 002449			70,000.00	30,000.00
IP	Hospital Bill	SOA NO. 5351 GD/SW			4,933.88	4,933.88
TOTAL:					6,611.66	1,500.00
					998,097.04	568,572.46

Prepared by:

  
**MARIVIC T. ORIG, RSW**  
Social Welfare Officer I  
MAIP Coordinator

Certified correct by:

  
**CHARMAINE MARIE A. CASTILLO, RSW, RN**  
Social Welfare Officer IV

Approved by:

  
**NAPOLEON A. OBANA, MD, MHA, CEO VI**  
Medical Center Chief II