



Republic of the Philippines  
**Department of Environment and Natural Resources**  
**PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE**  
PROVINCE OF PALAWAN

Bgy. Sta. Monica, Puerto Princesa City, Palawan  
EMAIL : [penropalawan@denr.gov.ph](mailto:penropalawan@denr.gov.ph)  
TelFax No. (048) 433-5638/ 434-8791

January 9, 2023

**MEMORANDUM**

FOR : The Regional Executive Director  
DENR – R4 MIMAROPA Region

THRU : The ARD for Management Services

FROM : The Provincial Environment and  
Natural Resources Officer

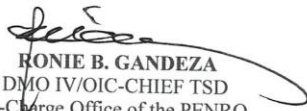
SUBJECT : **FOLLOW-UP OF CLAIMS FOR TERMINAL BENEFITS OF  
RETIRED FORESTER II RUDY M. AGSALOG**

This has reference to the letter dated January 3, 2023 from retired Forester II Rudy M. Agsalog who availed optional retirement effective December 31, 2021.

As stated in his letter, Mr. Agsalog is confined in one of the hospitals here in Puerto Princesa City and is now undergoing dialysis. Hence, he is appealing for the immediate payment of his retirement benefits to pay his hospitalization and medical bills.

For her information and consideration.


FOR THE PENRO:

  
**RONIE B. GANDEZA**  
DMO IV/OIC-CHIEF TSD  
In-Charge Office of the PENRO

January 03, 2023

**THE REGIONAL EXECUTIVE DIRECTOR**

Department of Environment and Natural Resources, MIMAROPA Region  
L & S Bldg., Roxas Blvd., Ermita Manila  
(Attn. Administrative Services Division)

DENR PENRO  
PALAWAN RECORDS  
**RECEIVED**  
BY:   
DATE: JAN 03 2023 10:08

Sir/Madam,

Greetings!

I am **Rudy Miranda Agsalog**, a former DENR employee of DENR CENRO Quezon, Palawan. I retired last December 2021. I am respectfully requesting the payment of my earned leave credits because I need money to pay my hospitalization and medication bills (copies are hereto attached). I am still confined at ACE Medical Center, Puerto Princesa City and currently undergoing dialysis.

Praying for your positive response and consideration regarding this humble request.

Please acknowledge receipt hereof. Thank you and God Bless!

Respectfully yours,



RUDY M. AGSALOG  
Cellphone Nr. 0915-7938964/0917-3498169  
Address: Zone 2, Brgy. Irawan, Puerto Princesa City  
c/o CHERRY MAY A. LABRADOR (My Daughter)

*Copy furnished:  
DENR PENRO, Puerto Princesa City*



ACEMCPAL-04-HIM-002-00

Address: South National Highway, San Pedro, Puerto Princesa City

Tel No.: (048) 717 0019

### MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that **AGSALOG, RUDY M.** 62 years-old, male, a resident of **MALUNGAY STREET BRGY. POBLACION, NARRA, PALAWAN** was confined at **ACE MEDICAL CENTER PALAWAN** on **NOVEMBER 23, 2022** to present with the following diagnosis:

**CHRONIC RENAL FAILURE STAGE V, ON HEMODIALYSIS**  
**HYPERTENSION**  
**COMMUNITY ACQUIRED PNEUMONIA MODERATE RISK**  
**ACUTE PHYELONEPRITIS**  
**GOUTY ARTRITIS, BPH**

Recommendations/Remarks:

Issued this 2nd of DECEMBER 2022 upon the request by the patient.

**RUTH S. MIRAFLORES MD**  
ATTENDING PHYSICIAN  
Lic. No.:

This certification is being issued for whatever legal purposes, except for medico-legal purposes.  
(NOT VALID WITHOUT OFFICIAL SEAL)



STATEMENT OF ACCOUNT  
ADVENTIST HOSPITAL - PALAWAN INC.  
Junction III, Bgy. San Pedro, Puerto Princesa City, Palawan, Philippines 5300  
(046) 433-1247

SCA Reference No.: 2022-854904

Name of Patient: AGSALOG, RUDY ARANDA Age: 62Y/M/29D Room No.:  
Address: Poblacion, Nene, Palawan Date & Time Admitted: 12/30/2022 9:28 AM  
Date & Time Discharged:  
First Case Rate: 36821  
Second Case Rate:

Final Diagnoses and ICD 10 Codes:

1. N16.5 CHRONIC KIDNEY DISEASE STAGE V

Surgical Procedures and RVB Codes, if Applicable:

1. 36821 Arteriovenous anastomosis, direct, any site (e.g., Cimino type)

SUMMARY OF FEES							
Particulars	Actual Charges	VAT anastop	Amount of Discounts		Philhealth Benefits		Out of Pocket of Patient
			Personal Discount/ Senior Citizen/ PWD	Price (D) OPICSO CDSWD CDDH (net) CHMD CDDH (net)	First Case Rate Amount	Second Case Rate Amount	
HCI fees							
Drugs and Medicines	308.00	308.00	51.50	0.00			(51.50)
Laboratory & Diagnostics	0.00	0.00	0.00	0.00			0.00
Operating Room fee	2,500.00	2,500.00	500.00	0.00			1,500.00
Supplies	3,232.00	3,232.00	580.40	0.00			1,131.60
Others: pls. specify							
OR SERVICES	4,300.00	4,300.00	700.00	0.00			518.00
OUT PATIENT SERVICES	200.00	200.00	40.00	0.00			(40.00)
Subtotal	10,340.00	10,340.00	1,892.00	0.00	5,500.00	0.00	3,148.00
Professional fees							
SAMAGAN, SERVANDO SERGIO DELA CRUZ JR.	25,200.00	22,500.00	4,500.00	0.00		4,200.00	13,800.00
Subtotal	25,200.00	22,500.00	4,500.00	0.00	4,200.00	0.00	13,800.00
Total	35,740.00	32,840.00	5,392.00	0.00	9,700.00	0.00	16,948.00
Payments							
Subtotal							
BALANCE DUE 16,948.00							

Prepared by:

SILGA, MICHAEL MEDINA

Billing Clerk  
(Signature over printed name)

Date signed:

Conforms:

Member/Patient/Authorized representative  
(Signature over printed name)

Relationship to member or authorized representative:

Date signed:

Contact no.:



LABORATORY - HEMATOLOGY DEPARTMENT  
South National Highway, San Pedro,  
Puerto Princesa City, Palawan, 5300  
Contact Numbers: 048-7170019 / 09176322951  
Email:  
aceclinicallaboratory@gmail.com

PATIENT ID : 22002197  
ROOM NO : 0104/571  
PATIENT NAME: AGSALOG, RUDY  
REQUESTING PHYSICIAN : DR. RUTH MIRAFLORES

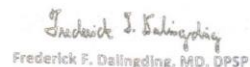
DATE & TIME RECEIVED : Jan-04-2023 10:34 AM  
DATE & TIME RELEASED : Jan-04-2023 10:44 AM  
AGE : 62Y SEX : Male

### CLINICAL CHEMISTRY REPORT

PARAMETER	RESULTS	REFERENCE RANGE
Creatinine	4.80 H	0.9 - 1.3 mg/dL
Sodium	131.20 L	136 - 145 mmol/L
Blood Uric Acid	3.24	2.00 - 5.50 mg/dL
Potassium	4.39	3.5 - 5.5 mmol/L
Phosphorus	5.96 H	2.5 - 4.5 mg/dL

  
MARY WILMA SAGARA, RMT  
License No 0104971  
Medical Technologist

  
KATHLEEN BIANCA V. ESTIPONA, RMT  
License No 0103491  
Medical Technologist

  
Frederick F. Dalingding, MD, DPSP  
License No 10507  
Pathologist



**ACE MEDICAL CENTER PALAWAN, INC.**  
San Pedro, Puerto Princesa City (Capital), Palawan Philippines 5300  
Tel. No(s): 717 0019

Summary of Statement of Account  
Run Datetime: 12/7/2022 5:53:56 PM

Patient Name: **AGSALOG, RUDY MIRANDA** Admission No.: **1285**  
Hospitalization Plan: **Self-Pay** Age: **62Y5M6D**  
Attending Doctor(s): **DR. RUTH S. MIRAFLORES** Admission Date: **11/23/2022**  
Patient Address: **MALUNOGAY ST. SEV. POBLACION NARRA PALAWAN** Clearance Date:  
Discharge:  
Room No.: **507 - 2**

	CHARGES	PAYMENT/CN
<b>HOSPITAL BILL PARTICULARS</b>		
EMERGENCY ROOM	1,207.50	0.00
PHARMACY	81,463.00	0.00
LABORATORY	41,848.11	0.00
CSSR	19,901.51	0.00
NURSING	8,000.00	0.00
CT-SCAN	4,850.00	0.00
OR/DR	4,205.00	0.00
DIALYSIS	20,200.00	0.00
INFUSION PUMP	1,750.00	0.00
DIETARY	600.00	0.00
Room Charges(15.00 Day(s) @ 3500.00)	52,500.00	0.00
Senior Citizen Discount	694.20	28,479.70
LABORATORY(Credit Note)	0.00	3,276.00
PHARMACY(Credit Note)	0.00	195.00
Payment	0.00	60,000.00
	237,219.32	91,950.70
<b>BALANCE DUE</b>		<b>145,268.62</b>

**PROFESSIONAL FEES PARTICULARS**

DOCTOR(S)	CHARGES	INSTRU. FEE	OTHER AMT	DISCOUNT	SENIOR	PAYMENT	HMO	ADJUSTMENT	PHILHEALTH	BALANCE
MIRAFLORES, RUTH SOH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LAO, JONATHAN YAN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHUA-YAP, ARCHIE S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Professional Fee</b>										<b>0.00</b>

**PHILHEALTH DETAILS**

PARTICULARS	AMOUNT COVERED	GUARANTOR NAME	Hospital Bill	Professional Fee
ROOM AND BOARD				
DRUGS AND MEDICINE				
XRAY/ LAB / OTHERS				
OPERATING ROOM FEE				
<b>TOTAL AMOUNT</b>		<b>GUARANTEED TOTAL AMOUNT</b>		<b>0.00</b>
<b>NET REFUND</b>				<b>0.00</b>

Note: This SOA also serves as your invoice

Prepared By:   
CARPENTER, JANE DELA CRUZ

Verified By: \_\_\_\_\_

DISCLAIMER Your SOA might have possible additional charges pending validation from all departments.  
We will update you after 24 hours