



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0016
SO No.	458130
S.O Date	04/01/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 098397	GENDER : Female
PATIENT NAME : GARCIA, KIMBERLY LOI, CAL	BIRTHDATE : 10/29/1999
PATIENT ADDRESS : CABANTAN, San Roque (Ciudad), Cebu City (Capital), Cebu	AGE : 24
MOBILE NO. : 0938 305 8517	CIVIL STATUS : Single
EMAIL ADDRESS : KIMBERLYLOIGARCIA29@GMAIL.COM	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST PA, CBC, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

BIOMETRICS DONE
DATE: APR 01 2024

PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED VERIFIED BY: BY: Signature Over Printed Name
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Page 1 of 1 I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services. Date Created: 04/01/2024 08:59 AM

*** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ***