



**ERODMA**

*Ready-Mix Concrete Co.*

219 Pablo Dela Cruz St., Brgy. San Bartolome, Novaliches, Quezon City 1116

Tel. No. 8983-6403

## INCIDENT REPORT

**Date Filed:** May 15, 2023

**Person/s Involved:** Larry Bisenio

**Position:** Driver Mixer

**Brief Description:**

**Date/Place:** May 15, 2023 / Erodma Plant

The incident happened on 15 May 2023, at 1118H. Mr. Larry Bisenio was cleaning the gutter of Truck Mixer number 10 in Erodma Plant. The cover extension of the gutter suddenly dropped down hitting his right hand middle finger and ring finger .


He rushed to our dispatcher, Mr. Nitchelle Andres and asked for help. They decided to go to Bernardino hospital assigning Mr. Johnrey Guisihan and Mrs. Criselda Mobo to accompany him.

Unfortunately, the Hospital only applied first aid to him so they decided to look for another hospital and went to MCU-FDTMF hospital.

MCU-FDTMF hospital conducted X-ray on the patient and found out that the bone in his middle and ring finger was crushed. The doctor decided to apply stitches for the meantime as a remedy.

Herewith is the attached supporting documents for your reference.

**I declare that the above information is best of my knowledge accurate, true and correct. I also signify my interview if needed.**

  
\_\_\_\_\_  
Signature over Printed Name

**Noted By:**   
\_\_\_\_\_  
MARK DUV D. CAPELLAN



**ERODMA**

*Ready-Mix Concrete Co.*

219 Pablo Dela Cruz St., Brgy. San Bartolome, Novaliches, Quezon City 1116

Tel. No. 8983-6403





EMERGENCY SERVICE SECTION / OUT PATIENT DEPARTMENT

DISHARGE INSTRUCTIONS

(Mga habilin na dapat sundin)

Name of Patient: <b>BISENIO, LARRY</b>	Age: <b>47</b>	Sex: <b>M</b>	Date: <b>5/15/23</b>
Address: <b>219 PABELA CRUZ ST. BRNGY CAN BARTOLOME QUEZON CITY</b>			
Diagnosis/Impression: <b>Lacerated wound on distal phalanges of 3rd and 4th digit; <del>lacerated</del> wound on middle phalange of 5th digit, right hand, Open, incomplete, nondisplaced fracture proximal third distal phalanx of 3rd digit; Open, incomplete, comminuted, chipped fracture of proximal third of distal phalanx of 4th digit; Closed, complete, non-displaced fracture of distal third of distal phalanx of 5th digit.</b>			
A. Home Medications (Mga gamot na dapat inumin)			
Medications (Mga gamot)	Dosage (Paano ang pag inom)	Duration (Gaano katagal inumin)	
<b>Cloxacillin (Medadox)</b>	<b>500mg / cap</b>	<b>take 1 capsule every 6 hrs for 7 days</b>	
<b>Clindamycin</b>	<b>300mg / tab</b>	<b>Take 1 tablet every 6 hrs. for 7 day</b>	
<b>Celecoxib 200mg / tab</b>	<b>200mg / tab</b>	<b>Take 1 tab every 12 hours for pain</b>	
<b>Bactigras</b>		<b>Apply on the areas wound dressing</b>	

B. What to watch out for? (Signs and symptoms that need doctor's attention as soon as possible)  
(Ano ang mga dapat bantayan na kailangan masuri kaagad ng doctor)

- 7 Signs of infection; fever, swelling, redness
- 7 Persistence of bleeding

C. Other Instructions (Mga ibang habilin):

7 wound cleaning every 3 days w/ betadine & proper wound dressing w/ bactigras

D. Follow-up (Babalik sa): **9-11 AM May 18, 2023 (Thursday)** at (sa **RM 7** Doctor's office w/ Dr. Cesar Garcia)  
Please bring this DISCHARGE INSTRUCTIONS on follow-up (dalhin po ninyo itong papel na ito na naglalaman ng Mga habilin na dapat sundin pagbalik sa inyong doktor.)

I have understood the instructions given by the doctors. (Naiintidihan kop o ang mga habilin sa akin ng doktor.)

Received by:

**Concepcion** 5.15.23  
**Criselda Mero**

(Signature over Printed Name of Patient or Relative)

Attended by:

**Dr. E. Garcia** / **C. Garcia**  
(Signature over Printed Name of Resident or Attending Physician)

Note: PLEASE ACCOMPLISH IN DUPLICATE



**MCU-FDTMF HOSPITAL**  
Caloocan City



NAME: BISENIO, LARRY  
 ADDRESS: QUEZON CITY  
 AGE: 47 SEX: M DATE: 5/15/23

**Rx**

① Chloramphenicol 300mg/tab  
 Dispense: 28 tablets  
 label: take 1 tab every 6 hours  
 for 7 days

② Clasxacillin 500mg/cap  
 (Medaclox)  
 Dispense: 28 capsules  
 label: take 1 cap every 6 hours  
 for 7 days

③ Bactigras 10 x 10  
 Dispense: 3  
 label: As directed  
 (C. P. U. N. F. L. O. N.)

PRINTED NAME AND SIGNATURE

PTR. NO.: \_\_\_\_\_ S2NO.: \_\_\_\_\_  
 LICENSE NO.: \_\_\_\_\_



MCU-FDTMF HOSPITAL  
Caloocan City



NAME: Bisenio, Lamy  
ADDRESS: Quezon City  
AGE: 47 SEX: M DATE: 5/15/2023

**Rx**

① Celecoxib 200mg/tab  
dispense <sup>Manawa</sup> w  
label: take 1 cap every 12 →  
hours as needed  
for pain

*G. P. ...*

PRINTED NAME AND SIGNATURE

PTR.NO.: \_\_\_\_\_ S2NO.: \_\_\_\_\_  
LICENSE NO.: \_\_\_\_\_



Lacecs Seven Inc.  
 VATREGIN #243-546-910-001  
 EDSA cor. Asuncion St.,  
 Caloocan City, San Jose,  
 Caloocan City, Philippines  
 Tel #: (02)3636279

05/15/2023 (Mon) 18:31:32

RCPT #1368154 RCPT\_CNT#0  
 STORE#0039 SNH:KSE33833  
 VIN #: 140354637  
 STAFF: Jamir P. Vargas

7FRSHSIOPABUDASADO  
 39.00 X 2 78.00V  
 eMineraleMOW600ml  
 17.00 X 2 34.00V

Total (4) 112.00  
 CASH 120.00  
 CHANGE 8.00

VATable 100.00  
 VAT\_Tax 12.00  
 Zero\_Rated 0.00  
 VAT\_Exempted 0.00

Sold To: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 VIN: \_\_\_\_\_

Philippine Seven Corporation  
 4th Floor The Columbia Tower  
 Ortigas Avenue, Mandaluyong  
 City  
 IN: 000-390-189-000  
 IR Accr #  
 116-000390189-000346-19602  
 ccrDate: 08/01/2020  
 Permit #: U514-027-187781-001

Get a chance to win a trip for  
 2 to Korea when you buy P150  
 worth of 7-Eleven items. Earn  
 3 eRaffle entries when you buy  
 discounted booster items. Per  
 DTI FAIR TRADE Permit Number:  
 163019 Series of 2023.  
 facebook.com/711philippines.

THIS IS AN OFFICIAL RECEIPT

NLEX Corporation  
 VAT Registered TIN 004-984-946-0000  
 6th Floor NLEX Compound, Balintawak  
 Caloocan City 1400

VIN 2012628140128554  
 Date of Issue 05/15/2023  
 BRN 010509203943  
 Date 05/15/2023  
 Time 20:32:51  
 Collecto 34429  
 Lane 13 N03  
 Class 1  
 Plaza KARL JATAN  
 Entry  
 Toll Php 35.36  
 JAL Php 6.64  
 Total Php 42.00  
 Received Php 42.00  
 Change Php 0.00  
 Payment Cash

SUPPLIER

Name NLEX Corporation  
 Address NLEX Comp. Balintawak, Caloocan  
 City 1400  
 Contact No. 125004530-460020101357  
 Date Issued 07/31/2020  
 Special Permit to Use FP-12000-250274259  
 CUSTOMER

Name  
 Address  
 ID#

THIS RECEIPT IS AN  
 OFFICIAL RECEIPT

JOLLIBEE-HCU EDSA

JOLLIBEE FOODS CORPORATION  
 EDSA & LOPETO ST BPSY 83 DIST CALOOCAN CITY

VAT Reg TIN: 000-388-771-0025

POS01-01-KSF20536

WINN20102620190001018

180237

Cashier: 510510660-KAPLA FRANCISCA

05/15/2023 13:30:0207 UR011359955

TAKE HOME

1 UN CJBSTK 162.000  
 1 CJBSTK MC  
 1 LRG PUJICE MC 20.000  
 1 UN CJBSTK 162.000  
 1 CJBSTK MC  
 1 LRG PUJICE MC 20.000  
 1 UN 1B8TKSHANG 112.000  
 1 1B8TKSHANG MC  
 1 LRG PUJICE MC 20.000  
 3 WITH BIENSIL 0.000  
 3 TO PACKAGING 0.000

12 Items(s) 526.00

TOTAL DUE 526.00

CASH 1,000.00  
 CHANGE 474.00

VATable Sales 469.64  
 VAT Exempt Sales 0.00  
 VAT Zero-Rated Sales 0.00  
 VAT Amount 56.36

Cost Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 VIN: \_\_\_\_\_  
 Bus Style: \_\_\_\_\_

Tell us about your experience.  
 Send us feedback at <http://fb.com/jollibee>  
 Visit us also at [www.jollibee.com.ph](http://www.jollibee.com.ph)

THANK YOU, AND PLEASE COME AGAIN.

This serves as an OFFICIAL RECEIPT  
 ANSI Information Systems, Inc.  
 Tiyana St., Manila  
 VAT Reg TIN: 000-330-515-000  
 ACCREDITATION NO. 03000031051500000712638  
 Date Issued: 04/16/2007  
 Valid Until: 07/31/2025  
 PII No. FP102020-125-0270795-00251  
 Date Issued: 10/29/2020

CLAIM#  
 01063

MERCURY DRUG - KALOOKAN MONUMENTO  
Edsa Monumento Circle Zone 8 Distric 2  
Road Brgy 86 Caloocan City  
VAT REG TIN:000-388-474-00173  
TEL NO : (02) 3616-660

MOBILE/VIBER NO: (0919) 080-6381  
TOSHIBA 4900 41NL404 R001 00060  
MIN:19092611232657851 [1.5.30] 26  
PA # 99 S/S  
MICRO N25.4X9.14 134.00X  
480031408981  
MICRO N25.4X9.14 134.00X  
480031408981  
GZ PAD MC B 3X3 100.00X  
480601462463 20 @ 5.00  
  
TOTAL 368.00  
AMOUNT TENDERED  
CASH 1000.00  
  
TOTAL PAYMENT 1000.00  
CHANGE 632.00  
\*\* 22 item(s) \*\*

SOLD TO : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
TIN NO : \_\_\_\_\_  
BUSINES STYLE : \_\_\_\_\_

VATable (T) 0.00  
VAT-Exempt Sale (X) 368.00  
VAT Zero-Rated Sale(Z) 0.00  
VAT - 12% 0.00  
Amount Due 368.00

Received Merchandise in Good Condition  
Sa Mercury Drug Nakasisiguro Gamot  
ay Laging Bago!!  
Maraming Salamat Po...

Phillogix Systems, Inc.  
433 Lt. Artiaga St. Brgy Corazon de  
Jesus, San Juan, Metro Manila  
VAT REG TIN : 205-713-621-00000  
Accred No.: 0422057136212018060962  
PTU No.:FP092019-116-0230496-00173

TXN#534367 05-15-23 07:47P AGNES  
OR#100601481910  
- THIS IS YOUR OFFICIAL RECEIPT -

MERCURY DRUG - KALOOKAN MONUMENTO  
Edsa Monumento Circle Zone 8 Distric 2  
Road Brgy 86 Caloocan City  
VAT REG TIN:000-388-474-00173  
24? TEL NO : (02) 3616-660

MOBILE/VIBER NO: (0919) 080-6381  
TOSHIBA 4900 41NL404 R001 00060  
MIN:19092611232657851 [1.5.30] 26  
PA # 13 KELVIN  
RHEA CLINDA300mg 994.00T  
480030405099 28 @ 35.50  
FLAMACOX C-200mg 252.50T  
480651398011 10 @ 25.25  
MEDACLOX C-500mg 497.00T  
480651398000 28 @ 17.75  
BACTIGRAS10x10cm 194.25T  
500022342198 3 @ 64.75  
  
TOTAL 1937.75  
AMOUNT TENDERED  
CASH 2000.00  
  
TOTAL PAYMENT 2000.00  
CHANGE 62.25  
\*\* 69 item(s) \*\*

ORDER #00871  
SOLD TO : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
TIN NO : \_\_\_\_\_  
BUSINES STYLE : \_\_\_\_\_

VATable (T) 1730.13  
VAT-Exempt Sale (X) 0.00  
VAT Zero-Rated Sale(Z) 0.00  
VAT - 12% 207.62  
Amount Due 1937.75

SUKI #:0013070842  
NAME:MOBO CRISELDA S  
SUKI POINTS PREVIOUS : 24  
SUKI POINTS REDEEMED : 0  
SUKI POINTS EARNED : 10  
SUKI EXTRA PTS EARNED : 0  
SUKI POINTS BALANCE : 34

Received Merchandise in Good Condition  
Sa Mercury Drug Nakasisiguro Gamot  
ay Laging Bago!!  
Maraming Salamat Po...

Phillogix Systems, Inc.  
433 Lt. Artiaga St. Brgy Corazon de  
Jesus, San Juan, Metro Manila  
VAT REG TIN : 205-713-621-00000  
Accred No.: 0422057136212018060962  
PTU No.:FP092019-116-0230496-00173

TXN#534366 05-15-23 07:46P AGNES



**MCU-FDT Medical Foundation, Inc.**  
 MCU Compound, Edsa, Caloocan City  
 VAT Reg. TIN 000-293-709-00000



**OFFICIAL RECEIPT**

NO.: **2468965**

Date: **05/15/2023**

RECEIVED from **Bisenio, Larry Badong**

The sum of **Seventeen Thousand Nine Hundred Eight and 13/100 only**

**Emergency Case. # 133149**

in full/partial payment of:

Department	Trans. #	Doc. #	Amount
Pharmacy - Main	11631488	151536	3,455.78
X-Ray	11631489	66553	2,300.00
Pharmacy - Main	11631626	151537	257.22
Pharmacy - Main	11631761	151540	3,505.42
Pharmacy - Main	11632126	151544	207.46
Central Supply Room	11632345	198118	96.00
Emergency Room	11632361	236576	3,907.75
Emergency Room	11632384	236577	793.00
Emergency Room	11632495	236585	60.50
PF - Garcia, Cesar H.			3,325.00

Total Amount >>> **17,908.13**

Mode of payment: **Cash**

Remarks :

Castro, Maria Eloisa Capuli

**CASHIER**

Ctrl No. - 11632561

OR # 2468965

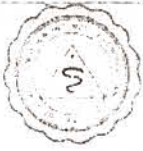
5/15/2023 7:14:37 PM

BIR PERMIT NO. 027-CB-001-10/2005  
 Printed by: **FORMS INTERNATIONAL ENTERPRISES CORP.**  
 #26 Carmel Ave., Proj. 6, Q.C. Tel. No. 8365-81-55



Printed by: **FORMS INTERNATIONAL ENTERPRISES CORP.**  
 #26 Carmel Ave., Proj. 6, Q.C. Tel. No. 8365-81-55





**MCU-FDT Medical Foundation Inc.**

Samson Road, Edsa Caloocan City Philippines-  
8367-2031 to 45

Run Date and Time: 5/15/2023 6:25:21 PM

SOA Reference No.: 2023- 754200

PID: 272413

**STATEMENT OF ACCOUNT**

**Emergency**

Name of Patient: Bisenio, Larry Bzdong Age: 46Y2M4D Date & Time Admitted : 5/15/2023 12:36 PM  
 Address : 219 P. dela Cruz St. San Bartolome, Quezon City, Metropolitan Man Date & Time Discharged : \_\_\_\_\_  
 Attending Doctor(s): Garcia, Cesar H. Hospital Plan: Self-Pay Admission / Case No : 133149  
 Final Diagnosis/es and ICD 10 Code/s: \_\_\_\_\_ Room No : \_\_\_\_\_  
 Surgical Procedure/s and RVS Code/s, if Applicable : \_\_\_\_\_ First Case Rate : \_\_\_\_\_  
 Second Case Rate : \_\_\_\_\_

HOSPITAL BILL PARTICULARS	CHARGES	PAYMENT/CN
X-Ray	2,300.00	
Pharmacy - Main	7,425.88	
Central Supply Room	96.00	
Emergency Room	4,761.25	
Professional Fee	3,325.00	
	17,908.13	0.00

**BALANCE DUE >>>>> 17,908.13**

**PROFESSIONAL FEES PARTICULARS**

DOCTOR(S)	CHARGES	INSTRU. FEE	OTHER AMT	DISCOUNT	SR./PWD DISC.	PAYMENT	HMO	ADJUSTMENT	PHILHEALTH	BALANCE
Baguna, Marc Carlo Quila	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Punzalan, Glenviola Dura	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Garcia, Cesar H.	3,325.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,325.00
<b>Total Professional Fee</b>										<b>3,325.00</b>

**PHILHEALTH DETAILS**

**GUARANTOR DETAILS**

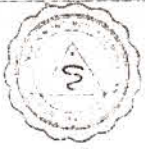
PARTICULARS	AMOUNT COVERED	GUARANTOR NAME	Hospital Bill	Professional Fee
ROOM AND BOARD				
DRUGS AND MEDICINE				
XRAY/ LAB / OTHERS				
OPERATING ROOM FEE:				
<b>TOTAL AMOUNT</b>		<b>GUARANTEED TOTAL AMOUNT</b>		<b>0.00</b>

Note: This SOA also serves as your invoice

**NET REFUND**

**0.00**

Prepared By: Aponte, Veronica Gasapo Verified By: \_\_\_\_\_  
 Designation : Billing Clerk / A/R Clerk Printed Name and Signature of Member/Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_ Relationship to member: \_\_\_\_\_ Contact no.: \_\_\_\_\_



PID: 272413

**STATEMENT OF ACCOUNT**

**Emergency**

Name of Patient: Bisenio, Larry Badong Age: 46Y2M4D Date & Time Admitted : 5/15/2023 12:36 PM  
 Address : 219 P. dela Cruz St. San Bartolome, Quezon City, Metropolitan Man Date & Time Discharged : \_\_\_\_\_  
 Attending Doctor(s): Garcia, Cesar H. Hospital Plan: Self-Pay Admission / Case No : 133149  
 Final Diagnosis/es and ICD 10 Code/s: \_\_\_\_\_ Room No : \_\_\_\_\_  
 Surgical Procedure/s and RVS Code/s, if Applicable : \_\_\_\_\_ First Case Rate : \_\_\_\_\_  
 Second Case Rate : \_\_\_\_\_

HOSPITAL BILL PARTICULARS	CHARGES	PAYMENT/CN
X-Ray	2,300.00	
Pharmacy - Main	7,425.88	
Central Supply Room	96.00	
Emergency Room	4,761.25	
Professional Fee	3,325.00	
	17,908.13	0.00

**BALANCE DUE >>>>> 17,908.13**

**PROFESSIONAL FEES PARTICULARS**

DOCTOR(S)	CHARGES	INSTRU. FEE	OTHER AMT	DISCOUNT	SR./PWD DISC.	PAYMENT	HMO	ADJUSTMENT	PHILHEALTH	BALANCE
Bagunu, Marc Carlo Quila	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Punzalan, Glenviola Dura	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Garcia, Cesar H.	3,325.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,325.00
<b>Total Professional Fee</b>										<b>3,325.00</b>

**PHILHEALTH DETAILS**

**GUARANTOR 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>

Note: This SOA also serves as your invoice

**NET REFUND 0.00**

Prepared By: Aponte, Veronica Gasapo Verified By: \_\_\_\_\_  
 Designation: Billing Clerk / A/R Clerk Printed Name and Signature of Member/Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_ Relationship to member: \_\_\_\_\_ Contact no.: \_\_\_\_\_

MCU-FDT Medical Foundation Inc.

Samson Road, Edsa Caloocan City Philippines  
 Tel. Nos.: 8367-2031 to 45

Summary per Transaction (PHIC Category)

Run Datetime: 5/15/2023 6:25:28 PM

Patient Name: **Bisenio, Larry Badong**  
 PHIC Member: **Bisenio, Larry Badong**

Registry No.: 133149

CATEGORY / DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL	DISCOUNT	NET AMOUNT
Ivf Insertion-Adult	1.00	965.00	965.00	0.00	965.00
Bandaging	1.00	565.00	565.00	0.00	565.00
<i>Subtotal</i> .....			<b>3,730.00</b>	<b>0.00</b>	<b>3,730.00</b>
<b>X-Ray Examination</b>					
Hand	1.00	2,300.00	2,300.00	0.00	2,300.00
<i>Subtotal</i> .....			<b>2,300.00</b>	<b>0.00</b>	<b>2,300.00</b>
<b>Professional Fee</b>					
Bagunu, Marc Carlo Quilang			0.00	0.00	0.00
Punzalan, Glenviola Durano			0.00	0.00	0.00
Garcia, Cesar H.			3,325.00	0.00	3,325.00
<i>Subtotal</i> .....			<b>3,325.00</b>	<b>0.00</b>	<b>3,325.00</b>
<b>Hospital Deductions</b>					
<i>Subtotal</i> .....					<b>0.00</b>
			<b>GRAND TOTAL ...</b>		<b>17,908.13</b>