

ELDORET REGIONAL HOSPITAL

9TH KENYA RIFFLES, P.O.BOX 48826 - 00100 ELDORET

TEL: 810101/1/2/3/4/5/6/7 | Email: info@eldorethospital.ke | Website: www.eldorethospital.ke

FINAL INVOICE

Insurer Name: HEALTHGUARD

Scheme Name: HEALTHGUARD ELITE

Address: Nairobi Central

Tel: 0700000000

Card/Referral No: CARD-8590

Patient Name: Miriam Njeri

Invoice Date: 2025-06-17

Claim Number: 98276340215

Invoice No: UPHSF/ERH/OP/832

Reference No: REF-HG2025-003

Service No: 45821

Member Name: Samuel Njeri

TREATMENTS

Date	Description	Qty	Ref	Amount	Balance
2025-06-17 - 09:12:30	MRI Scan	1	3952841	17,500.00	17,500.00
2025-06-17 - 09:45:02	Consultation	1	3952842	2,500.00	20,000.00
2025-06-17 - 10:15:45	Medication	1	3952843	1,600.00	21,600.00
2025-06-17 - 10:50:10	Nursing Care	1	3952844	1,200.00	22,800.00

Inv amt. 22,800.00

2025-06-17 Invoice-HEALTHGUARD - 3952845 22,800.00 22,800.00

Total Settlement 22,800.00

Net Amount 0.00

Diagnosis Details

Diagnosis	ICD-10 Code
Hypertension	I10
Type 2 Diabetes Mellitus	E11
Acute Bronchitis	J20

PATIENT NAME : Miriam Njeri DATE : 2025-06-17 SIGN : _____

PREPARED BY : DR. ALBERT OUMA DATE : 2025-06-17 SIGN : _____

PARTNER NAME : HEALTHGUARD INSURANCE DATE : 2025-06-17 SIGN : _____