



Insuring Happiness

Apollo Centre, Ring Road, Westlands
P.O. BOX 30065-00100, NAIROBI.
Apollo Court, Moi Avenue
P.O. BOX 81821-80100, MOMBASA.

PRIVATE & CONFIDENTIAL

LETTER OF UNDERTAKING

Ref No: PAI198733

Date: 9th July 2018

The Credit Controller
M.P. SHAH HOSPITAL

Dear Sirs/Madam,

Patient Name	: Agnes Nduta Mwaniki
Scheme Name	: Smart Regional Consultants
Membership no	: 1359614
Admission Date	: 14th July 2018
Length of Stay	: Day Case days
Bed Entitlement	: Day Care
Reason for Admission	: Dysphagia

We refer to the above member who is admitted in your Hospital. This letter of undertaking is given subject to terms and conditions of the APA Health Policy.

APA will be responsible for the member's hospital and doctor's bills as follows:

Our liability is strictly net of NHIF and is limited to **KES: 60,000.00** inclusive of Doctors fees and Hospital bills.

Please note to attach the following documents when forwarding your claims for settlement:

1. All doctors invoices
2. Original preauthorisation form and claim form duly completed
3. A copy of this letter
5. Discharge summary

Note:

- The company is not liable for expenses unrelated to treatment such as telephones, personal care items etc.
- Accommodation costs for accompanying parent will be met if the patient is under years
- Accommodation charges are net of NHIF
- Should our client require another specialist review, kindly seek approval.

Thank you for your continued support.

Yours faithfully,

Sammy Karanja
Health Division