INVOICE

Date: {InvDate}

Invoice Number: {InvNumber}

# {InvClient},

# *Attention:* {InvTitle}

**PROVISIONAL {InvPaymentPeriod} PREMIUM FOR THE {InvStartYear}/{InvEndYear} POLICY PERIOD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLAN** | **TYPE** | **ANNUAL RATE (#)** | **COUNT** | **AMOUNT (#)** |

|  |  |  |
| --- | --- | --- |
|  | **Subtotal** |  |
| **1% NHIS fee** |  |
| **TOTAL** |  |

**Payment Details:**

Bank: UBA PLC

Account Name: AVON Healthcare Limited

Account Number: 1017738836

A close-up of a signature

AI-generated content may be incorrect.



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Opeoluwa Adeola** |  |  |  |  |  | **Adigwe Emmanuel P.** |
| Acting Head, Customer Experience |  |  |  |  |  | Client Manager (Retail/SME) |
| opeoluwa.adeola@avonhealthcare.com |  |  |  |  |  | emmanuel.adigwe@avonhealthcare.com |

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