

HOSPITAL INVOICE

Sunrise General Hospital
P.O. Box 12345-00100, Nairobi, Kenya
Phone: +254 700 123 456 | Email: billing@sunrisehospital.co.ke

Invoice Number: INV-2026-001
Invoice Date: 05-Feb-2026

Patient Details

Patient Name: Diana Olulo
Patient ID: PT-458921
Gender: Female
Age: 28
Admission Date: 01-Feb-2026
Discharge Date: 04-Feb-2026

Service Description	Quantity	Unit Price (KES)	Total (KES)
Doctor Consultation	1	3,000	3,000
Laboratory Tests	1	4,500	4,500
Medication	1	6,200	6,200
Hospital Bed (3 Days)	3	2,000	6,000

Total Amount: KES 19,700

Payment Method: Cash
Payment Status: PAID
Authorized By: John Mwangi
Billing Officer
Signature: _____