4th January, 2018

TO: The Manager,

Managed HealthCare Services Limited

41 Nkenba Street,

Off Abak Road,

Uyo,

Akwa Ibom State.

Dear Sir,

**MEDICAL BILLS**

I hereby forward the medical Bills of your clients for the month of December, 2017.

The total bill amounts to ~~N~~ 29, 000.00**(Twenty- Nine Thousand Naira Only).**

Attached are the details of the patient’s bill.

Early settlement of bill will be highly appreciated.

**For payment of bills please use;**

**Account Name: BENITA EYE CLINIC**

**Account Number: 2015374703**

**First Bank Nig. Plc**

Yours Faithfully

**Dr Bernadine Nsa Ekpenyong**

**CEO**

18th December, 2017

TO: The Manager,

Managed HealthCare Services Limited

41 Nkenba Street,

Off Abak Road,

Uyo,

Akwa Ibom State.

**BILL IN RESPECT OF**

**Mrs. Akpan Gloria Abel**

ADDRESS: .94A Edibe-Edibe Road, Calabar.

N K

1. CONSULTATION…………………………………………………………… 2,000.00

2. REVIEW …………………………………………………………………….....

3 REFRACTION …………………………………………………………………. 1,000.00

4 LENSES …. …………………………………………………………………….. 10,000.00

5. OPTICAL FRAME …………………………………………………………... 12,000.00

(a) Tinted ……………………………………………………………………………

(b) Special Order ………………………………………………………………..

(c) Varilux ………………………………………………………………………….

(d) A/R Coated …………………………………………………………………..

(e) Photo chromic ……………………………………………………………..

6. VISUAL FIELD ……………………………………………………………… . 3,000.00

7. TONOMETRY ………………………………………………………………. .. 1,000.00

8. TREATMENT ………………………………………………………………….

(a) Drugs ……………………………………………………………… ….

(b) FBR …………………………………………………………………….

(c ) General pathological conditions …………………………

**TOTAL N29, 000.00**

AMOUNT IN WORDS: Twenty-Nine Thousand Naira Only

Diagnosis: **Early Presbyopia**

Early payment of bills will be appreciated.

BENITA EYE CLINIC