

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-032

Date : 2026-01-06

Facility : Jumuia Masii

Payment Point : Emergency

LINE ITEMS

1. Emergency assessment	KES 2,500
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2. Trauma care	KES 8,000
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3. Observation 4 hrs	KES 3,000
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TOTAL AMOUNT KES 13,500

Reference: INV-2026-032