

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-078
Date : 2025-10-06
Facility : Jumuia Huruma
Payment Point : Physiotherapy

LINE ITEMS

1. Assessment session	KES 1,500
2. Exercise therapy (10)	KES 8,000
3. Hydrotherapy session	KES 2,000

TOTAL AMOUNT KES 11,500

Reference: INV-2026-078

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-079
Date : 2025-10-04
Facility : Jumuia Kikuyu
Payment Point : Dental

LINE ITEMS

1. Dental examination	KES 800
2. Tooth extraction	KES 2,500

TOTAL AMOUNT KES 3,300

Reference: INV-2026-079

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-080
Date : 2025-10-02
Facility : Jumuia Huruma Annex
Payment Point : Emergency

LINE ITEMS

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

TOTAL AMOUNT KES 13,500

Reference: INV-2026-080

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-081

Date : 2025-09-30

Facility : Jumuia Masii

Payment Point : Maternity

LINE ITEMS

1. Antenatal care	KES 2,800
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2. Normal delivery	KES 12,000
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TOTAL AMOUNT KES 14,800

Reference: INV-2026-081

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-082
Date : 2025-09-28
Facility : Jumuia Turbo
Payment Point : Ophthalmology

LINE ITEMS

1. Eye examination	KES 1,500
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TOTAL AMOUNT KES 1,500

Reference: INV-2026-082

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-083
Date : 2025-09-26
Facility : Jumuia Nangina
Payment Point : Inpatient

LINE ITEMS

1. Ward charges 2 days	KES 7,000
2. Nursing care	KES 2,000
3. Meals 2 days	KES 1,600

TOTAL AMOUNT KES 10,600

Reference: INV-2026-083

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-084
Date : 2025-09-24
Facility : Jumuia Chogoria
Payment Point : Nutrition

LINE ITEMS

1. Nutrition assessment	KES 1,200
2. Dietary counselling	KES 800

TOTAL AMOUNT KES 2,000

Reference: INV-2026-084

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-085
Date : 2025-09-22
Facility : Jumuia Huruma
Payment Point : Consultation

LINE ITEMS

1. Consultation fee	KES 1,800
2. Follow-up visit	KES 900

TOTAL AMOUNT KES 2,700

Reference: INV-2026-085

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-086
Date : 2025-09-20
Facility : Jumuia Kikuyu
Payment Point : Laboratory

LINE ITEMS

1. Blood panel (FBC)	KES 1,200
2. Urinalysis	KES 600
3. Lipid profile	KES 1,800

TOTAL AMOUNT KES 3,600

Reference: INV-2026-086

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-087
Date : 2025-09-18
Facility : Jumuia Huruma Annex
Payment Point : Pharmacy

LINE ITEMS

1. Prescription drugs	KES 3,200
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TOTAL AMOUNT KES 3,200

Reference: INV-2026-087