

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
2. Normal delivery	KES 12,000

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

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

TOTAL AMOUNT KES 3,200

Reference: INV-2026-087