P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP No.: 2024070025 **Gender**: Male **Age**: 31 Y 06 M 17 Days

IF IN	0 2024070025 Gender. Wate	•	Age.	31 1 00 W 17 Days
	Item Description	Quantity	Unit Price	Total
Vedn	esday, July 10, 2024			
	ADMISSION FEE	1.00	1,000.00	1,000.00
2.	BED	8.00	4,000.00	32,000.00
3.	D5 GLUCOSE IV INFUSION	3.00	350.00	1,050.00
ŀ.	DIAZEPAM TABLETS 5MG.	6.00	20.00	120.00
i.	DISPENSING FEE	1.00	70.00	70.00
	DISPOSABLE SYRINGES 10ML.	1.00	100.00	100.00 6,000.00
·	FACILITATION FEE	1.00	6,000.00	
·	I.V CANNULA PINK 20G	1.00	120.00	120.00
0.	I.V. GIVING SET	1.00	120.00	120.00
1.	LATEX GLOVES - LARGE	10.00	40.00	400.00
2.	NEEDLES DISPOSABLE G21 08X38MM-100	1.00	20.00	20.00
3.	NURSING FEE STRONG ROOM	1.00	1,000.00	1,000.00
4.	NURSING FEES MENTAL	1.00	1,500.00	1,500.00
5.	NUTRITIONIST CHARGE	1.00	1,000.00	1,000.00
6.	PABRINEX MULTIVIT INFUSN 10ML.	3.00	2,000.00	6,000.00
7.	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00
r . B.	STRAPPING 6 INCH	1.00	300.00	300.00
0.	STRONG ROOM WITH OBSERVATION	1.00	4,000.00	4,000.00
hurs	day, July 11, 2024			
	ACAMPROSATE CALCIUM 333MG	1.00	21,000.00	21,000.00
	ACAMPROSATE TABLETS IN 60S	4.00	450.00	1,800.00
	D5 GLUCOSE IV INFUSION	3.00	350.00	1,050.00
	DIAZEPAM TABLETS 5MG.	6.00	20.00	120.00
	DISPENSING FEE	1.00	70.00	70.00
	DISPOSABLE SYRINGES 10ML.	1.00	100.00	100.00
	GROUP THERAPY	1.00	1,500.00	1,500.00
	I.V CANNULA PINK 20G	1.00	120.00	120.00
	I.V. GIVING SET	1.00	120.00	120.00
0.	INDIVIDUAL COUNSELING	1.00	2,500.00	2,500.00
١.	LATEX GLOVES - LARGE	10.00	40.00	400.00

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Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP No.: 2024070025 **Gender:** Male **Age:** 31 Y 06 M 17 Days

IP N	o. : 2024070025	Gender:	Male		Age:	31 Y 06 M 17 Days	
	Item Description			Quantity	Unit Price	Total	
12.	MENTAL STATUS EXAMINATION (MS	SE)		1.00	3,000.00	3,000.00	
13.	NEEDLES DISPOSABLE G21 08X38N	IM-100		1.00	20.00	20.00	
14.	NURSING FEE STRONG ROOM			1.00	1,000.00	1,000.00	
15.	NURSING FEES MENTAL			1.00	1,500.00	1,500.00	
16.	NUTRITIONIST CHARGE			1.00	1,000.00	1,000.00	
17.	PABRINEX MULTIVIT INFUSN 10ML.			3.00	2,000.00	6,000.00	
18.	PHYSIOTHERAPY AEROBICS			1.00	1,000.00	1,000.00	
19.	PSYCHIATRIC CONSULTATION			1.00	4,000.00	4,000.00	
20.	STRAPPING 6 INCH			1.00	300.00	300.00	
21.	STRONG ROOM WITH OBSERVATION	N		1.00	4,000.00	4,000.00	
Friday	/, July 12, 2024						
	,, , , , , , , , , , , , , , , , , , , ,						
1.	ACAMPROSATE TABLETS IN 60S			4.00	450.00	1,800.00	
2.	ARTERIAL CANNULATION - NURSING	3		1.00	1,200.00	1,200.00	
3.	C- REACTIVE PROTEIN TEST			1.00	1,850.00	1,850.00	
4.	D DIMER			1.00	2,620.00	2,620.00	
5.	D5 GLUCOSE IV INFUSION			3.00	350.00	1,050.00	
6.	DIAZEPAM TABLETS 5MG.			6.00	20.00	120.00	
7.	DISPENSING FEE			1.00	70.00	70.00	
8.	DISPOSABLE SYRINGES 10ML.			1.00	100.00	100.00	
9.	GROUP THERAPY			1.00	1,500.00	1,500.00	
10.	HAEMOGRAM			1.00	800.00	800.00	
11.	HIV SCREENING I & II SPOT			1.00	350.00	350.00	
12.	I.V CANNULA PINK 20G			1.00	120.00	120.00	
13.	I.V. GIVING SET			1.00	120.00	120.00	
14.	INDIVIDUAL COUNSELING			1.00	2,500.00	2,500.00	
15.	LATEX GLOVES - LARGE			10.00	40.00	400.00	
16.	LIVER FUNCTION TEST / LFT			1.00	2,950.00	2,950.00	
17.	MALARIA PARASITE ANTIGEN TEST			1.00	350.00	350.00	
18.	NEEDLES DISPOSABLE G21 08X38M	IM-100		1.00	20.00	20.00	
19.	NURSING FEE STRONG ROOM			1.00	1,000.00	1,000.00	
20.	NURSING FEES MENTAL			1.00	1,500.00	1,500.00	
21.	NUTRITIONIST CHARGE			1.00	1,000.00	1,000.00	

Page 2 of 0 Page Total: Ksh.43,240.00 Ksh.130,820.00

P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP No.: 2024070025 **Gender:** Male **Age:** 31 Y 06 M 17 Days

	10 2024070023 Gender. Wate		Age.	31 1 00 W 11 Days
	Item Description	Quantity	Unit Price	Total
22.	PABRINEX MULTIVIT INFUSN 10ML.	3.00	2,000.00	6,000.00
23.	PHYSIOTHERAPY AEROBICS	1.00	1,000.00	1,000.00
24.	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00
5.	RBS	1.00	200.00	200.00
26.	RENAL FUNCTION TEST (UEC)	1.00	1,850.00	1,850.00
7.	STRAPPING 6 INCH	1.00	300.00	300.00
8.	STRONG ROOM WITH OBSERVATION	1.00	4,000.00	4,000.00
9.	THYROID FUNCTION TEST	1.00	4,000.00	4,000.00
0.	URINALYSIS	1.00	430.00	430.00
1.	URINE - TOXICOLOGY	1.00	3,900.00	3,900.00
2.	VDRL	1.00	600.00	600.00
Satur	day, July 13, 2024			
•	ACAMPROSATE TABLETS IN 60S	4.00	450.00	1,800.00
	ARTERIAL CANNULATION - NURSING	1.00	1,200.00	1,200.00
	BUPROPION HYDROCLORIDE (WELLBUTRIN XL) 150 MG	2.00	300.00	600.00
	D5 GLUCOSE IV INFUSION	3.00	350.00	1,050.00
	DIAZEPAM TABLETS 5MG.	6.00	20.00	120.00
	DILOXANIDE/METRONINDAZOLE TABS.	1.00	30.00	30.00
	DISPENSING FEE	1.00	70.00	70.00
	DISPOSABLE SYRINGES 10ML.	1.00	100.00	100.00
	GROUP THERAPY	1.00	1,500.00	1,500.00
).	I.V CANNULA PINK 20G	1.00	120.00	120.00
1.	I.V. GIVING SET	1.00	120.00	120.00
2.	INDIVIDUAL COUNSELING	1.00	2,500.00	2,500.00
3.	LATEX GLOVES - LARGE	10.00	40.00	400.00
l.	NEEDLES DISPOSABLE G21 08X38MM-100	1.00	20.00	20.00
5.	NURSING FEE STRONG ROOM	1.00	1,000.00	1,000.00
6.	NURSING FEES MENTAL	1.00	1,500.00	1,500.00
7.	NUTRITIONIST CHARGE	1.00	1,000.00	1,000.00
3.	PABRINEX MULTIVIT INFUSN 10ML.	3.00	2,000.00	6,000.00
9.	PHYSIOTHERAPY AEROBICS	1.00	1,000.00	1,000.00
).	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00

Page 3 of 0 Page Total: Ksh.50,410.00 Ksh.181,230.00

P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP N	lo. : 2024070025	Gender: Male		Age:	31 Y 06 M 17 Days
	Item Description		Quantity	Unit Price	Total
1.	STRAPPING 6 INCH		1.00	300.00	300.00
2.	STRONG ROOM WITH OBSERVA	ATION	1.00	4,000.00	4,000.00
und	ay, July 14, 2024				
-	ACAMPROSATE TABLETS IN 602	S	4.00	450.00	1,800.00
	ARTERIAL CANNULATION - NUR	SING	1.00	1,200.00	1,200.00
•	BUPROPION HYDROCLORIDE (WELLBUTRIN XL) 150 MG	2.00	300.00	600.00
	D5 GLUCOSE IV INFUSION		3.00	350.00	1,050.00
	DIAZEPAM TABLETS 5MG.		4.00	20.00	80.00
	DISPENSING FEE		1.00	70.00	70.00
	DISPOSABLE SYRINGES 10ML.		1.00	100.00	100.00
	GROUP THERAPY		1.00	1,500.00	1,500.00
	I.V CANNULA PINK 20G		1.00	120.00	120.00
).	I.V. GIVING SET		1.00	120.00	120.00
١.	INDIVIDUAL COUNSELING		1.00	2,500.00	2,500.00
2.	LATEX GLOVES - LARGE		10.00	40.00	400.00
3.	NEEDLES DISPOSABLE G21 083	K38MM-100	1.00	20.00	20.00
1.	NURSING FEE STRONG ROOM		1.00	1,000.00	1,000.00
5.	NURSING FEES MENTAL		1.00	1,500.00	1,500.00
6.	NUTRITIONIST CHARGE		1.00	1,000.00	1,000.00
7.	PABRINEX MULTIVIT INFUSN 10	ML.	3.00	2,000.00	6,000.00
3.	PHYSIOTHERAPY AEROBICS		1.00	1,000.00	1,000.00
9.	PSYCHIATRIC CONSULTATION		1.00	4,000.00	4,000.00
).	STRAPPING 6 INCH		1.00	300.00	300.00
	STRONG ROOM WITH OBSERV	ATION	1.00	4,000.00	4,000.00
lond	ay, July 15, 2024				
	ACAMPROSATE TABLETS IN 602	S	4.00	450.00	1,800.00
	ARTERIAL CANNULATION - NUF	SING	1.00	1,200.00	1,200.00
	BUPROPION HYDROCLORIDE (WELLBUTRIN XL) 150 MG	2.00	300.00	600.00
	DIAZEPAM TABLETS 5MG.		4.00	20.00	80.00
	FAMILY COUNSELING		1.00	1,500.00	1,500.00
	GROUP THERAPY		1.00	1,500.00	1,500.00

Page 4 of 0 Page Total: Ksh.39,340.00 Ksh.220,570.00

P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP N	o. : 2024070025 Gender : Male		Age:	31 Y 06 M 17 Days	
	Item Description	Quantity	Unit Price	Total	
7.	INDIVIDUAL COUNSELING	1.00	2,500.00	2,500.00	
8.	NURSING FEE STRONG ROOM	1.00	1,000.00	1,000.00	
9.	NURSING FEES MENTAL	1.00	1,500.00	1,500.00	
10.	NUTRITIONIST CHARGE	1.00	1,000.00	1,000.00	
11.	PHYSIOTHERAPY AEROBICS	1.00	1,000.00	1,000.00	
12.	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00	
13.	STRONG ROOM WITH OBSERVATION	1.00	4,000.00	4,000.00	
14.	VITAMIN B (NEUROBION FORTE)	1.00	50.00	50.00	
15.	ZOLPIDEM (NITREST)10MG	1.00	100.00	100.00	
Tuesd	ay, July 16, 2024				
1.	ACAMPROSATE TABLETS IN 60S	5.00	450.00	2,250.00	
2.	ARTERIAL CANNULATION - NURSING	1.00	1,200.00	1,200.00	
3.	BUPROPION HYDROCLORIDE (WELLBUTRIN XL) 150 MG	2.00	300.00	600.00	
4.	DIAZEPAM TABLETS 5MG.	4.00	20.00	80.00	
5.	FAMILY COUNSELING	1.00	1,500.00	1,500.00	
6.	GROUP THERAPY	1.00	1,500.00	1,500.00	
7.	INDIVIDUAL COUNSELING	1.00	2,500.00	2,500.00	
8.	NURSING FEES MENTAL	1.00	1,500.00	1,500.00	
9.	NUTRITIONIST CHARGE	1.00	1,000.00	1,000.00	
10.	PHYSIOTHERAPY AEROBICS	1.00	1,000.00	1,000.00	
11.	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00	
12.	VITAMIN B (NEUROBION FORTE)	1.00	50.00	50.00	
13.	ZOLPIDEM (NITREST)10MG	1.00	100.00	100.00	
Wedn	esday, July 17, 2024				
1.	ACAMPROSATE CALCIUM 333MG	1.00	21,000.00	21,000.00	
2.	ACAMPROSATE TABLETS IN 60S	4.00	450.00	1,800.00	
3.	DISPOSABLE SYRINGES 10ML.	9.00	100.00	900.00	
4.	GROUP THERAPY	1.00	1,500.00	1,500.00	
5.	I.V. GIVING SET	7.00	120.00	840.00	
6.	INDIVIDUAL COUNSELING	1.00	2,500.00	2,500.00	
7.	NEEDLES DISPOSABLE G21 08X38MM-100	6.00	20.00	120.00	

Page 5 of 0 Page Total: Ksh.61,090.00 Ksh.281,660.00

P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Patient Detailed Service Bill

Print Date: Wednesday, July 17, 2024 Invoice / Claim No.: IPD807202410

Patient Name: YASSIN ADAN JELLE DOA: Jul 10 2024

IP No.: 2024070025 **Gender:** Male **Age:** 31 Y 06 M 17 Days

	2021070020	•	190.	or room in Dayo
	Item Description	Quantity	Unit Price	Total
8.	NURSING FEES MENTAL	1.00	1,500.00	1,500.00
9.	NUTRITIONIST CHARGE	1.00	1,000.00	1,000.00
10.	PHYSIOTHERAPY AEROBICS	1.00	1,000.00	1,000.00
11.	PSYCHIATRIC CONSULTATION	1.00	4,000.00	4,000.00
TAKE-	AWAY			
1.	ACAMPROSATE TABLETS	60.00	450.00	27,000.00
2.	BUPROPION HYDROCLORIDE (WELLBUTRIN XL) 150 MG	60.00	300.00	18,000.00
3.	VITAMIN B (NEUROBION FORTE)	30.00	50.00	1,500.00

TEL: 0725 133 444 0732 313 173 Total Bill: Ksh.335,660.00

Amount Paid: Ksh.7,000.00

Discount: Ksh.0.00

Balance Due: Ksh.328,660.00

Thank you for choosing Lifebridge!

Page 6 of 0 Page Total: Ksh.54,000.00 Ksh.335,660.00



P.O Box: 1079-00600 Nairobi, Kenya **Tel:** 0725133444 / 0732-313173 **Email:** lifebridgeke@gmail.com

Payment Receipts

Print Date:Wednesday, July 17, 2024Invoice / Claim No.:IPD807202410Patient Name:YASSIN ADAN JELLEDOA:Jul 10 2024

IP No.: 2024070025 **Gender**: Male **Age**: 31 Y 06 M 17 Days

	Date Received	Paymode	Ref. Number	Amount	
1	Jul 17 2024 09:47:37 AM	Other	NHIF REBATE	7,000.00	
	COTTAC			Ksh.7,000.00	

