Mutti Insurance Sale Receipt

Haltons-Donholm Meridian

Receipt no. B765-0000000793

Uap Insurance Co Limited

Insurance ID: BDF0230-00

Member : WILFRED WALTER OGAYE

Tel : 0725815806

Date : 11:34 AM 22/07/2021

Desc.	Qty	Rate(KES)	Cost(KES)
Andolex c mouth wash 200ml	1	1495.00	1495.00
Cipladon 1g eff tabs 8s	16	50.00	800.00
Zinnat tabs 500mg 10s	10	215.00	2150.00

VAT (16.0% incl.) KES0

Total KES4,445.00

Insurance Cover KES4,445.00

Thank you for being a Mutti Member. For customer service call

HALTONS LIMITED DONHOLM 22 JUL 2021 P.O. Box 8334 - 00200, NAIROBI

OLDMUTUAL

OUT-PATIENT CLAIM FORM

Practitioners Name D. Mang

Postal Address

Tel No. Mobile

Email

Practitioner's Official Stamp

MERIDIAN MEDICAL CENTRE LTD.
DONHOLM BRANCH
22 JUL 2021
P.O. Box 50443 - 00200, NAIROB
TEL: 020 2160121, CELL: 0719 602 24

PATIENT'S PARTICULARS

Full Name of Patient WILFRED WALTER OBAM Date of Birth 28/03/78

Full Name of Member (if patient is a dependant)

Member's Tel No. 0725815506 Member No. BDF0220-00

Member's Employer Name BEIERSDORF EA LTD Dept. /Branch SUPPLY CHAIN

Have you suffered from this sickness in the past? YES ☒ NO

If YES, when did it start and how frequent is it?

CONSULTATION/REFERRALS DIAGNOSIS:

Malaria Pharyngitis.
Bacteremia

TREATMENT PRESCRIBED

MEDICINES:	Prescription		Injection given		Dispensed		None	
RADIOLOGY:	X-Ray		MRI/Cat Scan		Other		Other	
PATHOLOGY:	Haematology		Microbiology		Biochemistry		Histology	

Hospital Name: Consultant Referred To: Specialty:

MEDICATION PRESCRIBED:

Dr's Signature Date 22.07.2021

DECLARATION

I warrant the truth of the above statements. I have not withheld or misstated material information relating to this claim and have no objection to yourselves communicating with my medical doctor with regard to this claim.

Member's Signature Date 22/07/21

UAP Insurance Company Limited
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