Ref 24/08/2021

SINAI HOSPITAL RONGAI

Head Office: Silver Plaza Magadi Road next to Tosha Petrol Station, Rongai

Tel: 0759 875 100 / 0726 806 412

P.O. Box 36653 -00200 Nairobi.

Email: sinaihosp@gmail.com. www.sinaihosp.co.ke

INVOICE - OUTPATIENT

CUSTOMER UAP INSURANCE

ADDRESS: 12589 PHONE: 0285279

CUS REF: UP017-00

Invoice No: SNV00137002

Invoice Date: 24/07/2021

c/o JUDY WANJIKU

DESCRIPTION	QTY	PRICE	DISC%	VAT%	TOTAL COST
PHARMACY-TRIOKIT- 24/07/2021	1	850.00	0.00	0.00	850.00

Prepared By: MAKENA C

Admission Date:

Discharge Date:

NHIF No:

Claim No: 0

SUB TOTAL:	850.00
VAT TOTAL:	0.00
LESS NHIF	0.00
TOTAL:	850.00

Name: Judy

Signature:

SINAI HOSPITAL RONGAI
24 JUL 2021
Tel: 0759 875 100
P.O. Box 36653 - 00200, NAIROBI

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ClinicCore by: Corebase Solutions Ltd

OLDMUTUAL

OUT-PATIENT CLAIM FORM

Practitioners Name Sinai Hospital Rongai

Practitioner's Official Stamp

Postal Address 36653 - 00200 NRB

Tel No. 0759 875 100 Mobile _____

Email Sinaihospgmail - Com

PATIENT'S PARTICULARS

Full Name of Patient Judy Manjiru Njuguna Date of Birth 09/03/1996

Full Name of Member (if patient is a dependant) Judy W. Njuguna

Member's Tel No. 0712465531 Member No. ~~UP10~~ UP01700 ~~UP01~~

Member's Employer Name UPFIELD Dept. /Branch _____

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

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

SINAI HOSPITAL RONGAI
24 JUL 2021
Tel: 0759 875 100
P.O. Box 36653 - 00200, NAIROBI

CONSULTATION/REFERRALS

DIAGNOSIS: UTI

TREATMENT PRESCRIBED

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

Hospital Name: _____ Consultant Referred To: _____ Specialty: _____

MEDICATION PRESCRIBED:

_____

_____

Dr's Signature _____ **Date** 24/07/21

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** 24/07/21