

24/7/21

Reverend Mwanza

A/R

R

Z-Kuloreau 7 ad 1/12

Dr. L. E. R.

Mutti Insurance Sale
Receipt

Haltona-Machakos Meridian

Receipt no: B/68-0000001155

Uap Insurance Co Limited

Insurance ID: 02157035-01

Member : TERESIAH MMANZA

Tel : 0799722933

Date : 12:52 PM 24/07/2021

Desc. Qty Rate(KES) Cost(KES)

Amico rear 30 60.00 1800.00
tabs
30s

VAT (16.0% Incl.) KES0

Total KES1,800.00

Insurance Cover KES1,800.00

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



OUT-PATIENT CLAIM FORM

Practitioners Name [Signature]

Postal Address _____

Tel No. _____ Mobile _____

Email _____

Practitioner's Official Stamp



PATIENT'S PARTICULARS

Full Name of Patient TERESIAH MWANZA KH Date of Birth 1967Full Name of Member (if patient is a dependant) DANIEL MWANZA LENZIMember's Tel No. 0799722933 Member No. 02157035-01Member's Employer Name FAULU BANK Dept. /Branch KITENGETA

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: Hypertension

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:

See prescriptionDr's Signature [Signature]Date 24/07/2021

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 [Signature]Date 24/07/2021