

Invoice details



Date: **23-08-2021**

Branch name: **Pipeline**

Patient name: **Mast. Daniel Charles Mavuru**

Inv No.: **INV826687**

Served by: **Miss. Teresiah Njine**

Insurance: **UAP**

Policy No.: **UK088810-03**

Product	Quantity	Price(KES)	Total(KES)
UAP Consultation (no copay)	1	980.00	980.00
Montel dt-Levocetirizine/Montelukast 4mg/2.5mg Dispersible Tablets-Tab- 4mg/2.5mg	5	63.00	315.00
Augmentin-Amoxicillin/Clavulanate susp 228mg/5ml 70ml-Syp-228mg/5ml-70ml	1	875.00	875.00
Calpol Infant-Paracetamol susp 120mg/5ml 100ml-Syp-120mg/5ml- 100ml	1	500.00	500.00

Sub total: 2670.00 KE

Tax: 0.00 KE

Discount: 0.00 KE

Total: 2670.00 KE

Less Co-pay Received: 0.00 KE

Insurance to pay: 2670.00 KE

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we may send you an SMS to ask about your visit. Please
reply with a score from 0-10 and we will be very grateful
for your feedback. Responses are free of charge.

You can also contact us on 0207909045

Customer copy

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