



Lions Sightfirst Eye Hospital
Kaptagat Road,
P.O Box 66576,
Loresho, Kenya.
Tel: 020 4180626
Email: info@lionsloresho.org
Website: www.lionsloresho.org

PATIENT INVOICE

Invoice No:	20225018813	Company Name:	UAP INSURANCE SCHEME
Date:	07-Jun-2022 12:56:55	Covered By:	UAP INSURANCE
Branch:	Lions Eye Hospital	Membership No:	UK113366-01
Doctor:		UHID:	10410866
Patient Name:	BELLA K MOCHAMA	Voucher No.:	
Principal Member:	MALCOLM KIJIRAH		

Sl. No.	Description	Quantity	Unit Price	VAT	TOTAL
1	Composite /Tooth Coloured Fillings(One Surface)	1.0	8,000.00	0.00	8,000.00
			Net Total		8,000.00

Prepared By : John Wainaina Nduati

Patient/Parent/Guardian Sign



ALL CHEQUES PAYABLE to Lions SightFirst Eye Hospital, All enquiries to Lions SightFirst Eye Hospital at above address.



OLDMUTUAL

DENTAL CLAIM FORM

Name of Dental
Provider:

LION'S HOSPITAL

Provider's Tel No:

0725970601.

Name of Employer:

GIZ

Member No:

UK113366-01

Employee's Name:

MALCOLM KISIRAH

Patient's Tel No.

0700936363

Patient's Name:

BELLA MOCHAMA

Date of Birth:

23/10/81

Relationship to
Employee:

SPOUSE

I.D. No:

22181335

TO BE FILLED BY DENTAL PRACTITIONER

Final diagnosis:

Dental Caries

DIAGNOSIS

Cause of illness(es):

Bacterial.

Nature of treatment given
and recommendations:Composite fillings on 17⁰, 18⁰.

ITEM	COST (Kshs)	ITEM	COST (Kshs)
Consultation Fees		Scaling	
Extractions (Indicate which teeth)		X-Ray (attach report)	
Fillings (Indicate which teeth) 17 8000		Others	
Root Canal (Indicate which teeth)			

Total:

8000

Grand Total:

8000

I hereby confirm that the information provided above is correct and true to the best of my knowledge.

Date:

07/06/2022

Doctor's Signature & Stamp:

*Note

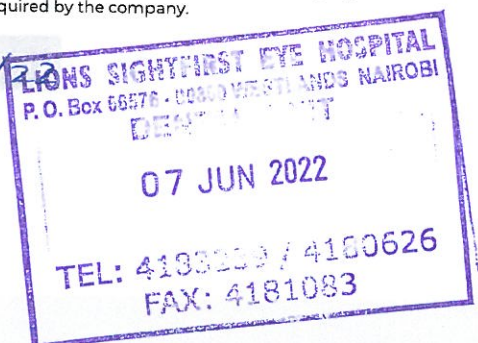
- All scaling and polishing are not covered unless medically indicated.
- All orthodontic claims must be pre-approved
- Dental fees to be run from Outpatient Dental benefit and not overall outpatient benefit.

I hereby declare that all the statements given by me on this form are to the best of my knowledge true and complete. I authorize the Insurance Company to obtain medical information from the doctor I have consulted and shall submit to any medical examination(s) if so required by the company.

Member signature:

Date:

07/06/2022



UAP Insurance Company Limited

UAP Old Mutual Tower, Upperhill Road, P.O. Box 43013-00100 Nairobi, Tel: +254 711 065 100 / +254 20 285 0000
Email: uapoutpatient@uapoldmutual.com Website: www.uapoldmutual.com



Better. Simple. Life.

PRE - AUTHORISATION FORM (Family Medical Cover Admission)

Please complete this form and return/ fax immediately or within 24 hours after admission

Full name of Patient BELLA KWAMBOKA MOCHAMA

Full name of Member MALCOLM KIJIRAH Company Name GIZ

Policy No. _____ Member No. UK113366-01

ID Card No. 22181335 Date of Birth 23/10/1981

Admitting Hospital LION'S EYE HOSPITAL Date of Admission 07/06/2022

Hospital Fax No. _____

Admitting/Attending Doctor DR. MARONGA Speciality _____

Tel _____ Mobile _____ Fax _____

Diagnosis: Dental Caries.

Underlying condition (if any) -

When was the condition first diagnosed? 07/06/2022.

Is the condition congenital? -

Name of operation required if any Composite fillings on 170, 180

Clinical Summary

History Sensitivity.

Main Investigation and findings clinical examination

Management Plan Composite fillings 170, 180

Doctor's Signature [Signature] Date 07/06/2022

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 07/06/2022

UAP Insurance Company Limited

Bishops Garden Towers, Bishops Road, P O Box 43013 00100, NAIROBI, KENYA

Tel: 2712175, 2850000 General Fax: 2719030 Health Fax: 2716433/702 E-mail: uapinsurance@uapkenya.com Website: www.uapkenya.com



Dental Billing <dentalbilling@lionsloresho.org>

BELLA KWAMBOKA MB NO. UK113366-01 DENTAL PRE-AUTH KES 16,000/-

2 messages

Dental Billing <dentalbilling@lionsloresho.org>

7 June 2022 at 12:32

To: UAP Outpatient <uapoutpatient@uapoldmutual.com>, Allan Mbugua <creditcontrol@lionsloresho.org>, providerrelations@uap-group.com, medicalbills@uap-group.com, Case Management <casemanagement@uap-group.com>, Lions Credit Control Dept <creditcontrolbackoffice@lionsloresho.org>

Dear team,

Please advise on the attached DENTAL PRE-AUTH KES 16,000/-

Your quick response will be highly appreciated



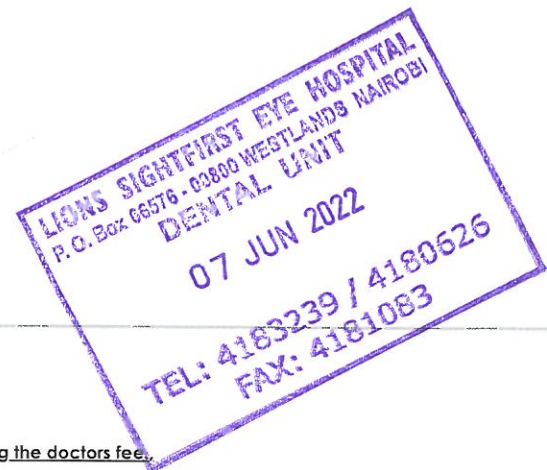
Lions Dental Clinic

Lions SightFirst Eye Hospital

Phone: +254 790 199 957

Email: dentalbilling@lionsloresho.org

Address: Kaptagat Road, Loresho, Nairobi

 BELLA.pdf
885K

dnjeka@oldmutual.co.ke <dnjeka@oldmutual.co.ke>

To: Dental Billing <dentalbilling@lionsloresho.org>

Approved as per the op dental benefits

Kindly ensure to you run the smart card for all the total bills on outpatient / discharge including the doctors fee.

OUTPATIENT | HEALTH BUSINESS

T. +254 (0)711 065 000 | C. +254 (0)71 1065777

5th Floor, UAP Old Mutual Tower, Upper Hill Road, Nairobi

Uapoutpatient@uapoldmutual.com | www.uapoldmutual.com

f uapoldmutual | @uapoldmutual | UAP Old Mutual

TUKO N
WE**CHOOSE TO VACCINATE. PROTECT TOMOR**Kindly ensure to you run the smart card for all the total bills on outpatient / discharge including the doctors fee.

From: Dental Billing <dentalbilling@lionsloresho.org>

Sent: 07 June 2022 12:32

To: UAP Outpatient <uapoutpatient@uapoldmutual.com>; Allan Mbugua <creditcontrol@lionsloresho.org>; Provider Relations <providerrelations@uap-group.com>; Medi Management <casemanagement@Oldmutual.co.ke>; Lions Credit Control Dept <creditcontrolbackoffice@lionsloresho.org>

Subject: BELLA KWAMBOKA MB NO. UK113366-01 DENTAL PRE-AUTH KES 16,000/-

This email originates from an external source. Stop and think before you click!

[Quoted text hidden]

Medical Access Smart Card

Bella Kwamboka Mochama

Membership No.:UK113366-01

giz

Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

Scheduled admissions must be reported to UAP for authorization through the
inpatient questionnaire at least 48 hours before admission. Emergency admissions
must be reported to UAP within 24 hrs of admission. Failure to do so may lead to
non payments of bills

For Emergency, pre-authorization please call 020 285 0000 or 0722 839 841 / 0733 518 345 / 0714 333 311
Mombasa: 0734 010 101 or the nearest UAP office. Kisumu: 057 2020018/118, 0710 888808
Minet 24 hour call centre numbers: +254 719 044 544

FOR ELECTRONIC USE. DO NOT BEND

 Smart

LIONS SIGHTFIRST EYE HOSPITAL
P. O. Box 66576 - 00800 WESTLANDS NAIROBI
DENTAL UNIT
07 JUN 2022
TEL: 4183239 / 4180626
FAX: 4181083



SMART BILLING UTILITY REPORT

Service Provider:
Account Name:
Satellite Clinic

LIONS SIGHTFIRST EYE HOSPITAL
LIONS SIGHTFIRST EYE HOSPITAL

SKSP_1220
01-Jun-2022 TO 07-Jun-2022

No.	Billing Date	Account Name	Scheme Name	Benefit Description	Member Number	Patient Name	Patient File No	Invoice No	Claim Type	Amount
1	07/06/2022 09:29:03	UAP INSURANCE COMPANY LTD	DEUTSCHE GESELLSCHAFT FUER (GIZ)	OUT PATIENT DENTAL	UK113366-01	BELLA MOCHAMA	10410866	20225018813	NORMAL CLAIM	8,000.00
Grand Total: KShs 8,000.00										

MEDICAL SERVICE PROVIDER:	PAYER/SCHEME ADMINISTRATOR:
SENT BY:	APPROVED BY:
SIGNATURE/STAMP:	DESIGNATION:
DATE:	DATE: