



5644425

INVOICE

INVOICE NUMBER

O1057792

INVOICE DATE

2021-05-16 12:24:36

MEMBER NAME

NELLY MURONYA

SERVICE PROVIDER

Metropolitan Hospital Mobile Clinic

MEMBER NUMBER

TOYK29821-00

AUTHORIZATION BY

UNAUTHORIZED

BENEFITS

OUT PATIENT OVERALL / CONSULTATION /

REGISTRATION NO**UAP MEMBER NUMBER**

8221979-00

Diagnosis

0 - O1057792

Payment Modifiers**Invoice Lines**

SI No	Description	Quantity	Unit Price	Total
13313343	URINALYSIS	1	400.0	400.0
			Net Value	400.0