

Mutti Insurance Sale
Receipt

Haltons-Donholm Meridian

Receipt no. B765-0000000793

Uap Insurance Co Limited

Insurance ID: BDF0230-00

Member : WILFRED WALTER OGAYE

Tel : 0725815806

Date : 11:34 AM 22/07/2021

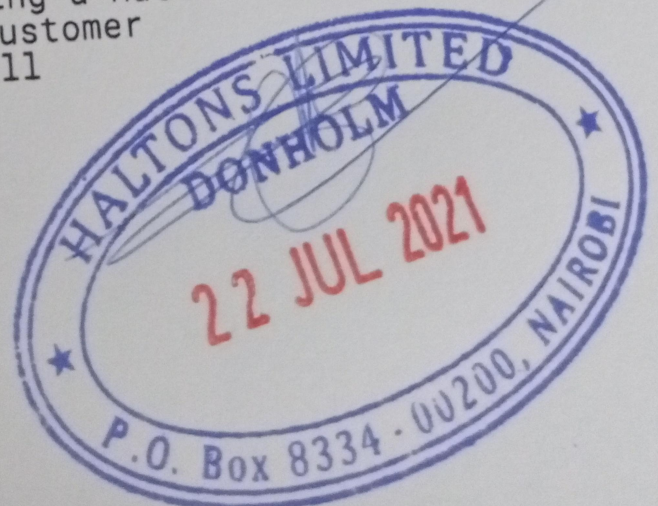
Desc.	Qty	Rate(KES)	Cost(KES)
Andolex c mouth wash 200ml	1	1495.00	1495.00
Cipladon 1g eff tabs 8s	16	50.00	800.00
Zinnat tabs 500mg 10s	10	215.00	2150.00

VAT (16.0% incl.) KES0

Total KES4,445.00

Insurance Cover KES4,445.00

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



UAP-OUTPATIENT CLAIM FORM

Practitioner's Name D. Kauria
Postal Address _____
Tel No. _____ Mobile _____
Email _____

Practitioner's Official Stamp

MERIDIAN MEDICAL CENTRE LTD.
DUNHOLM BRANCH

22 JUL 2021

P.O. Box 50443 - 00200, N/A ROB

TEL: 020 2130121, CELL: 0719 802 241

Date of Birth

28/03/78

PATIENT'S PARTICULARS

Full Name of Patient WILFRED WALTER OBIYE

Full Name of Member (if patient is a dependant) _____

Member's Tel No. 072 5815826

Member's Employer Name BEIERSONE EA LTD Member No. BDFO230-00

Dept./Branch Supply Chain

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:

KALANA

Pharyngitis

Buckemia

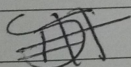
TREATMENT PRESCRIBED

MEDICINES:	Prescription <input type="checkbox"/>	Injection given <input type="checkbox"/>	Dispensed <input type="checkbox"/>	None <input type="checkbox"/>
RADIOLOGY:	X-Ray <input type="checkbox"/>	MRI/Cat Scan <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
PATHOLOGY:	Haematology <input type="checkbox"/>	Microbiology <input type="checkbox"/>	Biochemistry <input type="checkbox"/>	Histology <input type="checkbox"/>

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

MEDICATION PRESCRIBED:

Dr's Signature

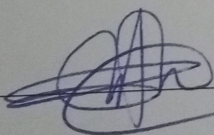


Date 22.07.2021

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



Date

22/07/21

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

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Regulated by the Insurance Regulatory Authority