



5638563

INVOICE

INVOICE NUMBER

O1057607

INVOICE DATE

2021-05-15 14:03:03

MEMBER NAME

GATHERU WANJOHI

SERVICE PROVIDER

Metropolitan Hospital Mobile Clinic

MEMBER NUMBER

UK039949-00

AUTHORIZATION BY

UNAUTHORIZED

BENEFITS

OUT PATIENT OVERALL / CONSULTATION /

REGISTRATION NO**UAP MEMBER NUMBER**

UK03994900

Diagnosis

0 - O1057607

Payment Modifiers**Invoice Lines**

SI No	Description	Quantity	Unit Price	Total
13292275	URINALYSIS	1	400.0	400.0
			Net Value	400.0