

Admission Letter Of Undertaking (LOU)



Date: Dec. 2, 2024

CarePay Ltd.
114, Manyani East Road
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Nairobi, Kenya.

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Credit office,
Dear Sunrise Health Network,

Admission approval for DAVID YATOR

Payer	MTIBA - JUBILEE
Policy Holder Name	NCC Scheme A
Claimant name	DAVID YATOR
Claimant number	MJH12851447-00
Approval date	2024-12-01
Approved amount	Ksh 786485.00 from OUT PATIENT benefit

We undertake to pay for the medical expenses as per the table above for the period of admission which shall be NET OF NHIF.

This approval of treatment covers only the specified conditions, treatments, and/or approved discharge date.

Please note the following:

1. The maximum approved amount payable is net of NHIF (the patient should avail NHIF card or pay cash).
2. Please ensure you give us full disclosure of the condition, medical history and the treatment offered. Kindly provide any additional or new information relating to this condition.
3. A copy of this letter together with a discharge summary and duly filled claim/preauthorization form should be attached to the detailed invoice for claims processing.
4. All Preauthorization forms must be signed by both patient and the doctor and sent to company for the claim and payment to be honored.

NOTE: This is an initial undertaking and shall be reviewed from time to time and after the final bill is submitted.

Kind regards

Dr B. Care

Care Manager