



Long man House T - junction next to Friends

Webuye - Kitale Highway

P.O. Box 1646 - 50205 , Webuye

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Email:- info@calvaryhopemedical.or.ke / calvaryhopemed.centre@gmail.com

IN-PATIENT INVOICE

Admission No: CHMC-IP-1220-23

Invoice No: 20135-23

Patient Name: SHADIA ABDALLAH

Admission Date: 14/04/2023

Payable By: MAKL

Discharge Date: 2023-04-17

Service Charges

#	Item Name	Qty	Rate	Bill Amount
1	Admission Fee	1.00	1000.00	1000.00
2	BED CHARGES	2.00	2500.00	5000.00
3	DOCTORS CHARGES	3.00	2500.00	7500.00
4	NHIF REBATE	2.00	2000.00	4000.00
5	NURSE CHARGES	3.00	1500.00	4500.00

Lab

#	Item Name	Qty	Rate	Bill Amount
5	BLOOD SLIDE FOR MALARIA PARASITES	2.00	200.00	400.00
6	BLOOD SUGAR - RANDOM	1.00	200.00	200.00
7	H. PYLORI	1.00	2000.00	2000.00
8	STOOL FOR OVA / CYSTS	1.00	800.00	800.00
	ANTI-STREPTOLYSIN(ASOT)	1.00	1500.00	1500.00
9	URINE MICROSCOPY	1.00	500.00	500.00
10	BLOOD SUGAR - RANDOM	1.00	500.00	500.00
11	FULL HAEMOGRAM	1.00	2500.00	2500.00

Medicine

#	Item Name	Qty	Rate	Bill Amount
12	PARACETAMOL I.V INFUSION 10MG/ML-INFIMOL	9.00	500.00	1500.00
13	I.V CEFTRIAZONE 1GM	3.00	500.00	3000.00
14	I.V FLUIDS	6.00	500.00	1200.00
15	I.V ONDONSENTRON	6.00	600.00	1500.00
16	I.V ARTESUNATE 60MG	12.00	500.00	6000.00
17	I.V FLAGYL	6.00	500.00	1500.00
18	GLOVES	1.00	500.00	800.00
19	CANNULAS	3.00	100.00	900.00
20	SECINIDAZOLE 1G	1.00	500.00	500.00
21	AL LONART DS TABS	6.00	100	600.00
22	PARACETAMOL 500MG BLISTER	20.00	5.00	100.00
23	I.V AMOXYCLAVE	3.00	1000.00	3000.00

Total Bill /=

57000.00

NHIF Amount

4000.00

Bill Amount

61000.00

