

INVOICE

InvoiceNo #56876	Customer Name: Mr Samuel Maingi
Date 12/08/2018	Covered by: APA Insurance
Branch Nairobi	Membership NO: 01687493421
Doctor Dr Samuel Chweya	UHID: 2347

Item	Unit Price	Quantity	Total
Tooth removal	650.00	1	650.00
		Tax	65.00
		Net Total	715

Prepared By: Rose Doe

I, the (undersigned), being the patient/guardian, confirm use of the services listed on this invoice. I also confirm that i shall be fully and severally liable for the hospital bills, if for any reason my insurance/employer declines to settle the bill amount.

Parent/Guardian Sign

Stamp