

Wellness Hospital

NOCENES

Seru Branch, Tel: +254709-406-520

Patient N

Policy Number: 3246-APA-902

Invoice No: AHKJDGSH986K Date:

Bill to: **APA Insurance**

Njiru, Maua, Meru

ltem	Description	Price	Amount
1.	Digital examination of rectum	\$800	\$800
2.	Renal dialysis (procedure)	\$1750	\$1750
3.	Urine screening test for	2000	\$2000
4.	diabetes cisplatin 50 mg injection	\$500	\$500
5.	albuterol 5 mg/ml inhalation solution		\$100

Total

\$5150

Bank Name:

I&M Bank

Bank Account:

0754 8532 0632