



Invoice

Sudan

BILLING DETAILS

Mustafe Abdilahi Jaamac  
, Somaliland

Bank Name: Bank One  
Account Name: AM BANK ONE  
**Account Number: 112288228**

Bank Name: Bank Two  
Account Name: AM BANK TWO  
**Account Number: 1122881172**

POLICY DETAILS

Policy Number: HAJ928372  
Policy Start Date: 01/01/2024  
Policy End Date: 31/12/2024  
Active Days: 366

NAME	QUANTITY	BENEFITS	FAMILY SIZE	PRICE	AMOUNT
Group Medical Insurance	20.00	Inpatient	M+0	\$ 300.00	\$ 6,000.00
Group Medical Insurance	20.00	Outpatient	M+0	\$ 300.00	\$ 6,000.00
Group Medical Insurance	20.00	Dental	M+0	\$ 480.00	\$ 9,600.00

PAYMENT SCHEDULES

DATE	DUE DATE	AMOUNT
01/01/2024	01/01/2024	\$ 23,868.00

Notes / Terms:

Sub Total	\$ 21,600.00
PHCR 6.50 %	+ \$ 1,404.00
new one 4.00 %	+ \$ 864.00
Grand Total	\$ 23,868.00