



P.O.BOX 1050-00520 NAIROBI 0700773884/ 0799221333

**Interim Invoice**

Invoice No.:  
 Scheme Name:  
 Member No:  
 Member Name:ALUEL JAMES DENG  
 Admission Date: 05/04/21

Patient No: PAT-065975  
 Patient Name: ALUEL DENG  
 Ward:  
 Print Time: 6/9/2021 10:39:24 AM +03:00

Date	Code	Description	Qty	Unit Cost	Amount	Balance	Doctors
<b>ADMISSION</b>							
05/04/21	ADM002	Admission Fee & File	1	1,800.00	1,800.00	1,800.00	
05/05/21	ADM003	IPC Daily Fee	1	2,000.00	2,000.00	3,800.00	
					<b>Gross</b>	3,800.00	
<b>AMBULANCE</b>							
05/04/21	AMB003	Ambulance Fee: Zone A - Ruai Environs	1	8,000.00	8,000.00	11,800.00	
					<b>Gross</b>	8,000.00	
<b>EQUIPMENT</b>							
05/05/21	EQU006	CTG Monitoring	1	2,800.00	2,800.00	14,600.00	
					<b>Gross</b>	2,800.00	
<b>MATERNITY</b>							
05/05/21	MPC003	Maternity Package: C-Section	1	120,000.00	120,000.00	134,600.00	
					<b>Gross</b>	120,000.00	
<b>NUTRITION</b>							
05/05/21	NUT001	Nutritionist Ward Review	1	1,500.00	1,500.00	136,100.00	
					<b>Gross</b>	1,500.00	
<b>PHARMACY</b>							
05/08/21	PH00553	METRONIDAZOLE/DILOXANIDE 200/250 TABLETS( DIRACIP M )	30	10.00	300.00	136,400.00	
05/08/21	PH00634	PCM,CAFFEINE,CODEINE, DOXYLAMINE(BETAPYN)	60	25.00	1,500.00	137,900.00	
05/08/21	PH01028	CEFUROXIME 500MG (CEFURIGHT) TABS 10S	10	80.00	800.00	138,700.00	
05/08/21	PH01109	IBUPROFEN 400MG	15	10.00	150.00	138,850.00	
					<b>Gross</b>	2,750.00	

**\*\*Note\*\*** This is not a Final Bill, it will change until the Patient is Discharged!

RECEIPTS							
05/13/21	SRCT-012689	PATIENT Rcpt Patient Deposits	1	(55,711.00)	(55,711.00)	83,139.00	
					<b>Gross</b>	(55,711.00)	
<b>Invoice Amount</b>				138,850.00			
<b>Receipts</b>				(55,711.00)			
<b>Total Balance</b>				83,139.00			
<b>Insurance Paid Amount</b>				0.00			
<b>Net Balance</b>				83,139.00			

Prepared By: RFH\PMUIA

Patient Signature\_\_\_\_\_

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