SOCIAL SERVICES LEAGUE
M.P. SHAH HOSPITAL
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DETAILED

UHID No.	: 10371134	**Invoice No**	: 2024701882
Patient Name	: VIMAL SHAH	**Admission Date**	: 07/02/2024 09:58:46
Address	: MOMBASA	**Discharge Date**	: 07/02/2024 14:39:45
	NAIROBI - 00	**Ward Name**	: CHEMOTHERAPY/2/1
Age	: 57 Years	**Doctor**	: DR ADARSH CHANDRAMOULESWARAPPA
Corporate	: KINGSWAY TYRES LTD	**NHIF No**	: 0233328
Covered By	: KINGSWAY TYRES LTD	**Patient Type**	: GENERAL
Membership No	: 0233328	**File No**	:
Principal Member	: SELF	**NHIF Claim No**	: 227265
Encounter No	: 102402070025		

Sl.No.	DATE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
1	07/02/2024	CANCER CARE PACKAGE(TBC,U/E/C,LFT)	1.0	6,700.00	6,700.00
2	07/02/2024	DR. ADARSH CHANDRAMOULESWARAPPA CONSULTATION - GENERAL	1.0	10,000.00	10,000.00
3	07/02/2024	CHEMOTHERAPY CHARGES	1.0	13,600.00	13,600.00
4	07/02/2024	MANNITOL INFUSION 20% 500ML (OSMOSTERIL)	1.0	1,164.00	1,164.00
5	07/02/2024	EXAMINATION GLOVES NITRILE (POWDER FREE/LATEX FREE) MED	10.0	8.00	80.00
6	07/02/2024	BRANULA (I.V CANNULA) PRO SAFETY G22	2.0	336.00	672.00
7	07/02/2024	IV 3000 DRESSING HAND 7*9	1.0	114.00	114.00
8	07/02/2024	INFUSOMAT TUBING SET	1.0	420.00	420.00
9	07/02/2024	I.V NORMAL SALINE ILT	1.0	481.00	481.00
10	07/02/2024	I.V NORMAL SALINE 0.5L	2.0	350.00	700.00
11	07/02/2024	I.V NORMAL SALINE 250MLS	2.0	193.00	386.00
12	07/02/2024	THEMISET INJECTION 250MCG/5MLS	1.0	1,863.00	1,863.00
13	07/02/2024	DEXAMETHASONE INJ 4MG	2.0	248.00	496.00
14	07/02/2024	PAN V 40MG INJ	1.0	706.00	706.00
15	07/02/2024	SYRINGE 20CC	1.0	39.00	39.00
16	07/02/2024	SYRINGES (10 CC)	2.0	26.00	52.00
17	07/02/2024	NEEDLE G18	4.0	21.00	84.00
18	07/02/2024	FACE MASK 3 PLY TIE ON	1.0	10.00	10.00
19	07/02/2024	POTASSIUM CHLORIDE INJ 15%	1.0	173.00	173.00

Patient Name:VIMAL SHAH

Sl.No.	DATE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
20	07/02/2024	MAGNESIUM SULPHATE 50% (1G) INJECTION 2ML VIAL	1.0	228.00	228.00
21	07/02/2024	ONDEM MD 8MG TAB	15.0	110.00	1,650.00
22	07/02/2024	RABEFLUX DSR 20/30MG TABLET	10.0	44.00	440.00
23	07/02/2024	SUCRAFIL O GEL 100ML	2.0	283.00	566.00
24	07/02/2024	REMIDIN MOUTHWASH 100ML	1.0	278.00	278.00
25	07/02/2024	ALCOHOL SWABS	2.0	5.00	10.00
26	07/02/2024	CISPOLE 50MG INJ	2.0	840.00	1,680.00
27	07/02/2024	APRITANT 150MG IV INJECTION	1.0	3,491.00	3,491.00
28	07/02/2024	CHEMOTHERAPY (NO: 2)	1.0	0.00	0.00
		INVOICE TOTAL AMOUNT			**46,083.00**
				BALANCE	46,083.00

Receipt Details:
Credit Voucher No : 2024302047 07/02/2024 14:39:45:- ksh.33,583.00
Credit Voucher No : 2024302048 07/02/2024 14:39:45:- ksh.12,500.00

Kindly avail your NHIF card within 24 hours from the time of admission.