


Investigations (to be filled by health care providers providing diagnostics services only)

	Description	Date	G-DRG
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Medicines *(to be filled by health care providers who have dispensed medicines)*

	Description	Price	Qty	Total Cost	Date	Code
01	AMLODIPINE 10 mg 2 Times dly(bd)	0.21	4	0.84	DD-MM- YYYY	AMLODITA2
01	LISINOPRIL 10 mg 2 Times dly(bd)	0.14	6	0.84	DD-MM- YYYY	LISINOTA3

Client Claim Summary

	Type of Service	G-DRG/Code	Tariff Amount	Signature
A	In-Patient	,	0	
B	Out-Patient	OPDC06C,	1 2 . 1	
C	Investigations		0	
D	Pharmacy	AMLODITA2, LISINOTA3,	1 . 6 8 0 0 0 0 0 0 0 0 0 0 0 0 0 2	Name
				KOEHF NENRM
Total			1 3 . 7 8	(Health Facility Insurance Officer)

Schema Use Only

Available choices

A & D or B & D or C & D or C or D

Date Received	<input style="width: 90%;" type="text"/>	Action 1	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>	Signed	<input style="width: 90%;" type="text"/>
Signed	<input style="width: 90%;" type="text"/>	Action 2	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>	Signed	<input style="width: 90%;" type="text"/>