## **GA WEST MUNICIPAL HOSPITAL**

Address: Amasaman



## **NATIONAL HEALTH INSURANCE SCHEME**

(Regulation 62)	HI Code:			]				
Important: The form should be complete should be similar in the style to the follow		using a BLACK or	DARK BLUE ballpoint/fou	untion pen charac	cters and marks used			
ABCDEFGHI	JKLM	N O P Q	RSTUV	/ W X Y	Z × /			
	O N A L	M	lonth of Claim 1 1	L - 2 0 1	9			
Client Information Surname A B D  Other Names A A T S L	UL				Gender Male			
AAIISI	I   A     R   A   C	Q   E   E   B						
Date of Birth  O 9 / O 9 /  Hospital Record  G W M H	d No.	Age 001 19	NHIS no. 2 4	8 6 2	1   7   1			
Service Provided (to be file  Type of Services  (a.) select only one Out-Patients  Diagnostic In-patient  (b.) All Inclusive Unburn  Outcome Discharged Died Trait Absconded/Discharged against	Pharma dled	Date	1st Visit/Admission  2nd Visit/Discharge  3rd Visit  4th Visit	/MM/YYYY 2 1 / 1 1 2 1 / 1 1 tion of Spell (day	/ 2 0 1 9 / 2 0 1 9			
Chronic Follow-up  Emergency/Acute episode  Special Code: O P D C  Special Description: G E N E R A L O P D C H I L D								
Procedure(s) (to be filled by	health care provide	ers who have p	rovided out or in-pat	tient services)	)			
Description		Date			G-DRG			
Diagnosis(es) (to be filled by	health care provia	lers who have p	provided out or in-pa	tient services	)			

In۱	estigation	ONS (to be t	filled by health care	providers p	providing diagnos	tics servic	es only)		
	Description				Date		G-DRG		
Me	dicines (	to be filled b	y health care provid	ers who ha	ve dispensed med	dicines)			
	Description		Price	Qty	Total Cost	Date	Code		
01	AMLODIPINE :	10 mg 2 Times	0.21	4	0 . 8 4	DD-MM- YYYY	AMLODI	T A 2	
01	LISINOPRIL 10 dly(bd)	0 mg 2 Times	0.14	6	0 . 8 4	DD-MM- YYYY	LISINOT	ГА 3	
Cli	ent Claim	Summar	У	•		•			
	Type of Service	G- DRG/Code	Tariff Amount		Signature				
А	In-Patient	,	0		Mayor A.	/, .			
В	Out-Patient	OPDC06C,	1 2 . 1						
С	Investigations		0		Name				
D	Pharmacy	AMLODITA2, LISINOTA3,	1.6800	0 0 0	KOEHF NENRM				
Total <b>13.78</b>							(Health Facility Insurance Officer)		
Sch	ema Use O	nly			Available choic A & D or B & D		C or D		
	Date Received		Action 1		Date [		Signed		
Signed Action 2				Date		Signed			