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Ref No: 5002797337 29 November 2017

CLAIMS STATEMENT

Practice Number	00835NG
Practice Name	Benita Eye Clinic
Scheme Name	THT

Scheme	THT - Total Health Trust
Reference Number	C2368004897
Statement Date	27 November 2017
Paid Currency	NGN

The following claims were received in: NGN

Policy Holder: 13898618 Policy Holder Surname: Nze

Patient Name	Reference Number	Service Date	Tariff Code	Payable Amount	Amount Charged	Paid to Provider	Paid to Policy Holder	Reason Code
00 Chinwe Adaku	051017	21/09/2017	TR99068	NGN2 000.00	NGN2 000.00	NGN2 000.00	0.00	0
00 Chinwe Adaku	051017	21/09/2017	TR16003	NGN1 500.00	NGN1 100.00	NGN1 100.00	0.00	0
00 Chinwe Adaku	051017	21/09/2017	TR11202	NGN1 300.00	NGN1 000.00	NGN1 000.00	0.00	0
00 Chinwe Adaku	051017	21/09/2017	TR99170	NGN4 000.00	NGN3 600.00	NGN0.00	0.00	0 7604
00 Chinwe Adaku	051017	21/09/2017	TR99168	NGN1 300.00	NGN1 200.00	NGN1 200.00	0.00	0
00 Chinwe Adaku	051017	21/09/2017	TR99169	NGN750.00	NGN1 200.00	NGN750.00	0.0	0
00 Chinwe Adaku	051017	21/09/2017	TR70011	0.00	NGN7 500.00	NGN7 500.00	0.00	0
Total for Policy Holder: 1	3898618 - (Option: G	OLD PLAN)			NGN 17,600.00	NGN 13,550.00		

Policy Holder: 15034998 Policy Holder Surname: Etim

Patient Name	Reference Number	Service Date	Tariff Code	Payable Amount	Amount Charged	Paid to Provider	Paid to Policy Holder	Reason Code
00 Patrick I	051017	04/09/2017	TR99068	NGN2 000.00	NGN2 000.00	NGN2 000.00	0.00)
00 Patrick I	051017	04/09/2017	TR16003	NGN1 500.00	NGN1 100.00	NGN1 100.00	0.00)
00 Patrick I	051017	04/09/2017	TR11202	NGN1 300.00	NGN1 000.00	NGN1 000.00	0.00)
00 Patrick I	051017	04/09/2017	TR70011	0.00	NGN7 500.00	NGN7 500.00	0.00)
Total for Policy Holder: 150349	Total for Policy Holder: 15034998 - (Option: GOLD PLAN)					NGN 11,600.00		

Policy Holder: 17103113 Policy Holder Surname: Ugbe

Patient Name	Reference Number	Service Date	Tariff Code	Payable Amount	Amount Charged	Paid to Provider	Paid to Policy Holder	Reason Code
03 Sheila-Berky U	051017	02/10/2017	TR99068	NGN2 000.00	NGN2 000.00	NGN2 000.00	0.0	0
03 Sheila-Berky U	051017	02/10/2017	TR16003	NGN1 500.00	NGN1 100.00	NGN1 100.00	0.0	0
03 Sheila-Berky U	051017	02/10/2017	TR99168	NGN1 300.00	NGN1 200.00	NGN1 200.00	0.0	0
03 Sheila-Berky U	051017	02/10/2017	NP701256	NGN2 200.00	NGN2 300.00	NGN2 200.00	0.0	0 7159
03 Sheila-Berky U	051017	02/10/2017	NPA01110	NGN1 200.00	NGN1 400.00	NGN1 200.00	0.0	0 7159
03 Sheila-Berky U	051017	02/10/2017	NPR00033	NGN180.00	NGN200.00	NGN180.00	0.0	0 7159
03 Sheila-Berky U	051017	02/10/2017	TR70011	0.00	NGN7 500.00	NGN7 500.00	0.0	0
Total for Policy Holder: 17103113 - (Option: GOLD PLAN)					NGN 15,700.00	NGN 15,380.00		

Summary of Transactions	Amount
Balance brought forward	NGN0.00
Other Financial Transactions	NGN0.00
Transactions as per detailed claims statement:	
Claims	
Amount due to Provider	NGN40 530.00
Amount due by Provider	NGN0.00
Amount paid to Provider	NGN40 530.00
Closing balance (due to provider +/ due by provider -)	NGN0.00

Code(s)	
Tariff Code	Description
701256	ZADITEN 5ML
A01110	HUMAJECT 30/70 3ML PENS
R00033	LORATIN
11202	IOP / TONOMETRY
16003	OPTICAL SERVICES: REFRACTION
70011	OPTICAL SERVICES: SUPPLY OF LENSES
99068	CONSULTATION - DIETICIAN/OPTOMETRIST
99168	SLIT LAMP
99169	FUNDUSCOPY
99170	CENTRAL VISUAL FIELD

Rea	ason Code	Description			
715	59	Medicine price overcharged			
760	04	Authorisation Required			

Dr Chiedu

Head of Operations