# CONFIDENTIAL

Form NHIF 2A&B
Regulation 18(1)

# THE NHIF - HEALTH PROVIDER IN/OUT PATIENT CLAIM FORM

Serial No: 08416\10\2020\3561

**A:PARTICULARS:**

1.Name of Health Facility **MALOLO HOSPITAL** 2.Address **P.O.Box 81 TABORA** 3.Consultation **0**

4.Department/Ward **Medical Ward** 5.Date Of Attendance **31.10.2020** 6.Patient File Number **27581**

7.Name of Patient **William Kitomo** 8.DOB: **2016-03-31** 9.SEX: **m**

10.Vote: 11.Physical Address **Isikizya Uyui** 12.Card Number: **302300968648**

13.Occupation: 14.Preliminary Diagnosis Code 15.Final Diagnosis Code **J00, B54, J06**

**B: COST OF SERVICE**

| Description | Item Code | Qty | Unit Price | Amount |
|---|---|---|---|---|
| INVESTIGATIONS | | | | |
| MRDT | | 1 | 2,000 | 2,000 |
| SUB TOTAL | | | | 2,000 |
| MEDICINES | | | | |
| Paracetamol{Regamol}{A} 500mg Tab | 11024 | 9 | 20 | 180 |
| Cephalexin{AUROCEF}{C} 250mg Cap | 11131 | 21 | 200 | 4,200 |
| Ringers Lactate {RL} Infusion{A} 500ml | 11372 | 1 | 1,300 | 1,300 |
| SUB TOTAL | | | | 5,680 |
| SUPPLIES/SERVICES | | | | |
| Cannula 22G{Blue} | 12038 | 1 | 1,040 | 1,040 |
| I.V Giving Set{Neo Vac} | 12014 | 1 | 650 | 650 |
| Cannula 22G{Blue} | 12038 | 2 | 1,040 | 2,080 |
| Syring 5cc | 12011 | 3 | 130 | 390 |
| BED GENERAL | 21 | 2 | 15,000 | 30,000 |
| SUB TOTAL | | | | 34,160 |
| GRAND TOTAL | | | | 41,840 |

C: Name of attending clinician **Titus Pauline** Qualification _____ Signature _____

**D: Claimant Certification:**

I certify that I received the above named services. Name: **William Kitomo** Signature _____

**NB: Fill in Triplicate and please submit the original form on monthly basis, and the claim be attached with Monthly Report.**

**Any falsified information may subject you to prosecution in accordance with NHIF Act No. 8 of 1999.**