

**CONFIDENTIAL**Form NHIF 2A  
Regulation 18(1)**THE NHIF - HEALTH PROVIDER IN/OUT PATIENT CLAIM FORM**

Serial No: 06878\12\2020\379

**A: PARTICULARS:**

1.Name of Health Facility **SHREEHINDU HOSPITAL** 2.Address **SHREEHINDU HOSPITAL P.O.Box ARUSHA TANZANIA**  
4.Department/Ward **General Outpatient Clinic** 5.Date Of Attendance **29.12.2020** 6.Patient File Number **42324**  
7.Name of Patient **Shakila Mwekumbi** 8.DOB: **2006-07-22** 9.SEX: **f**  
10.Vote: 11.Physical Address **Monduli juu Monduli** 12.Card Number: **101102077611**  
13.Occupation: 14.Preliminary Diagnosis Code **B53.1** 15.Final Diagnosis Code **B50.0**

**B: COST OF SERVICE**

Description	Item Code	Qty	Unit Price	Amount
<b>CONSULTATIONS</b>				
CONSULTATION GENERAL DOCTOR	10001	1	7,000	7,000
SUB TOTAL				7,000
<b>INVESTIGATIONS</b>				
USS - LT BREAST		1	20,000	20,000
SUB TOTAL				20,000

<b>GRAND TOTAL</b>	<b>27,000</b>
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C: Name of attending clinician: Israel Qualifications: Assistant Medical Officer(AMO) MCT Reg. No: 1234567

Mob. No:

Signature: **D: Uthibitisho wa mgonjwa/Patient Certification:**

Nathibitisha kuwa nimepokea huduma zilizoanishwa hapo juu na natambua kwamba ni kosa kisheria kukiri kupata matibabu ambayo hayajatolewa.

I certify that I received the above mentioned services as witnessed by my signature hereunder and I understand that it is illegal to provide false testimony.

Jina/Name: Shakila Mwekumbi Tarehe(Date) 29-12-2020 Namba ya Simu(Mobile No.) 0767777777



Signature:

Hakikisha unasaini fomu baada ya kupatiwa huduma na kupatiwa nakala ya fomu hii iliyojazwa huduma ulizopatiwa.

Make sure you receive a copy of the form you signed.

E: Description of In/Out-patient Management/any other additional Information(a separate sheet of paper can be used):.

**E: Claimant Certification:**

I Certify that I provided the above services.

Name: IsraelSignature: 

Official Stamp:



Patient should sign the form after completion of service.

Before referring the patient to another facility. The prescriber should be satisfied for the missing item and its alternative within the facility.

Any falsified information may subject you to prosecution in accordance with NHIF Act Cap 395.