



CONFIDENTIAL

Form NHIF 2A&B
Regulation 18(1)

THE NHIF - HEALTH PROVIDER IN/OUT PATIENT CLAIM FORM

Serial No: 08416\10\2020\3072

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 **26.10.2020** 6.Patient File Number **4156**
 7.Name of Patient **Fredy Mariki** 8.DOB: **1985-09-24** 9.SEX: **m**
 10.Vote: 11.Physical Address **Cheyo Tabora Urban** 12.Card Number: **101701274254**
 13.Occupation: 14.Preliminary Diagnosis Code 15.Final Diagnosis Code **K36**

B: COST OF SERVICE

Description	Item Code	Qty	Unit Price	Amount
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INVESTIGATIONS

HB		1	2,000	2,000
BLOOD GROUPING		1	6,000	6,000
SUB TOTAL				8,000

MEDICINES

Ceftriaxone{TRIXONE}{A} 1000mg IV/IM Injection	11127	2	2,500	5,000
Ringers Lactate {RL} Infusion{A} 500ml	11372	2	1,300	2,600
Ringers Lactate {RL} Infusion{A} 500ml	11372	4	1,300	5,200
Sodium Chloride + Dextrose{DNS} infusion{B} 500ml	11370	4	1,300	5,200
Sodium Chloride + Dextrose{DNS} infusion{B} 500ml	11370	4	1,300	5,200
Ringers Lactate {RL} Infusion{A} 500ml	11372	4	1,300	5,200
Metronidazole{Metrogyl/ABAGYL}{B} 500mg/100ml IM Injection	11100	3	1,500	4,500
Sodium Chloride {NS}{Ba-NS} infusion 500ml	11368	3	1,300	3,900
Ringers Lactate {RL} Infusion{A} 500ml	11372	3	1,300	3,900
Metronidazole{Metrogyl/ABAGYL}{B} 500mg/100ml IM Injection	11100	6	1,500	9,000
Tramadol{TRASIC}{B} 50mg Cap	11029	18	200	3,600
Sodium Chloride + Dextrose{DNS} infusion{B} 500ml	11370	4	1,300	5,200
Metronidazole{Metrogyl/ABAGYL}{B} 500mg/100ml IM Injection	11100	3	1,500	4,500
Tramadol{TRASIC}{B} 50mg Cap	11029	15	200	3,000
Pethidine HCL{B} 50mg IV Injection	11307	3	1,300	3,900
Metronidazole{Metrogyl/ABAGYL}{B} 500mg/100ml IM Injection	11100	3	1,500	4,500
Paracetamol{Regamol}{A} 500mg Tab	11024	18	20	360
Ampicillin+Cloxacillin{ZUCLOX}{B} 500mg Cap	11113	15	190	2,850
SUB TOTAL				77,610

SUPPLIES/SERVICES

Syring 10cc	12009	2	195	390
Cannula 18G{Green}	12038	1	1,040	1,040
Cannula 20G{Pink}	12038	1	1,040	1,040
I.V Giving Set{Neo Vac}	12014	1	650	650
Syring 2cc	12010	3	130	390
Cannula 20G{Pink}	12038	1	1,040	1,040
I.V Giving Set{Neo Vac}	12014	1	650	650
Cannula 20G{Pink}	12038	1	1,040	1,040
Cannula 22G{Blue}	12038	1	1,040	1,040
BED GENERAL	21	3	15,000	45,000
BED GENERAL	21	3	15,000	45,000

SUB TOTAL	97,280
GRAND TOTAL	182,890

C: Name of attending clinician Saburi Kilunga Qualification _____ Signature _____

D: Claimant Certification:

I certify that I received the above named services. Name: Fredy Mariki 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.