

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

Serial No: 08416\10\2020\3332

1.Name of Health Facility **MALOLO HOSPITAL**2.Address **P.O.Box 81 TABORA**3.Consultation **0**4.Department/Ward **Maternity Ward**5.Date Of Attendance **30.10.2020** 6.Patient File Number **12848**7.Name of Patient **Batilda Lyimo**8.DOB: **1984-04-05** 9.SEX: **f**

10.Vote:

11.Physical Address **Cheyo Tabora Urban**12.Card Number: **01-10562578**

13.Occupation:

14.Preliminary Diagnosis Code

15.Final Diagnosis Code **082.9, 082.8****B: COST OF SERVICE**

Description	Item Code	Qty	Unit Price	Amount
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MEDICINES

Ceftriaxone{TRIXONE}{A} 1000mg IV/IM Injection	11127	4	2,500	10,000
Metronidazole{Metrogyl/ABAGYL}{B} 500mg/100ml IM Injection	11190	6	1,500	9,000
Diclofenac Sodium{DICLOVITA} 75mg/3ml IM Injection	11006	3	1,000	3,000
Sodium Chloride + Dextrose{DNS} infusion{B} 500ml	11370	3	1,300	3,900
Ringers Lactate {RL} Infusion{A} 500ml	11372	3	1,300	3,900
Ceftriaxone{TRIXONE}{A} 1000mg IV/IM Injection	11127	1	2,500	2,500
Ringers Lactate {RL} Infusion{A} 500ml	11372	2	1,300	2,600
Ampicillin+Cloxacillin{ZUCLOX}{B} 500mg Cap	11113	15	190	2,850
Metronidazole{Metrogyl}{A} 200mg Tab	11192	30	40	1,200
Paracetamol{Regamol}{A} 500mg Tab	11024	18	20	360
Pethidine HCL{B} 50mg IV Injection	11307	3	1,300	3,900
SUB TOTAL				43,210

SUPPLIES/SERVICES

Syring 10cc	12009	5	195	975
Syring 5cc	12011	3	130	390
Cannula 18G{Green}	12038	1	1,040	1,040
Foley Catheter{Silicone Coated} 2Way 16FR/CH. 15-320019	320019	1	2,600	2,600
Urine Collection Bag for Adult	12018	1	1,950	1,950
SUB TOTAL				6,955
GRAND TOTAL				50,165

C: Name of attending clinician **Titus Pauline** Qualification _____ Signature _____**D: Claimant Certification:**I certify that I received the above named services. Name: **Batilda Lyimo** 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.**