Novo Health Africa

Lagos: 1, Adekola Balogun Street Off Remi Olowude, Lekki Phase1 Lagos State
Abuja: Suite 9, 12 Sani Bello Close Zone D, Apo Quarters Abuja
Port-harcourt: 3rd Floor, BC 15 Mall, 66, Olu Obasanjo Way, Port-harcourt, River State.
Tel: +234(1)2900047,+234 809 991 3215
Email: Info@novohealthafrica.org Website: www.novohealthafrica.org

Novo Health

CLIENT DETAILS

CLAIMS FORM N0

Name:

Address:

Sex: Male ☐ Female ☐ Policy Number Age: ☐

Provider Details

Name of Doctor:

Hospital/clinic Name:

Area of Specially: Id Number

Signature Date

TREATMENT DETAILS

Date of Service Duration of Treatment:

Diagnosis: Treatment given:

Treatment Code: Referral Code:

Item Description	Duration	Rate	Amount(N)
Accommodation			
Feeding			
Consultation Fees			
Laboratory Investigation			
Drugs			
1			
2			
3			
4			
5			
6			
7			
		TOTAL	

Please attach to this form a medical report containing details of treatment and copies of laboratory investigations result

ACKNOWLEDGMENT (To be filled by client only)

I confirm that I received the above treatment:

Name Signature/Date:

OFFICE USE ONLY:

Date Received

Name & Signature of Staff.