FAX BACK TO 3281139 OR 3281339

THE JUBILEE INSURANCE COMPANY OF KENYA LIMITED
Jubilee Insurance House, Wabera Street, P.O. Box 30376, 00100-GPO, Nairobi, Kenya Telephone 328 1000, 340343 Fax No. 3281339/3281139

HOSPITALISATION PREAUTHORISATION FORM

A duly completed form should be sent to Jubilee Insurance within 24 hours of admission of one of its members to your hospital. Answer all questions otherwise there may be delays in authorization of the admission and/or bills/invoices may not be paid.

1. Company/Employer USIU (student)
2. Employee ABIGAEL ANNE MAGINA M/No 180962
3. Name of patient ABIGAEL ANNE MAGINA AGE 23yrs
4. Name of Hospital Avenue Hospital
5. Patient tel no. 0712679698
6. Date of Admission 16/11/15 Time of admission
7. Present complains Painful Joints in sickler ~~[illegible]~~
8. Provisional /final diagnosis Pain crisis in sickle cell disease/Septicaemia
9. When was the condition first diagnosed? 16/11/15
10. When was the condition last treated?
11. Cause of illness Sickle cell disease / Septicaemia
12. Any underlying condition? Sickle cell disease
13. Is condition likely to recur Yes
14. Is condition congenital No
15. Has the patient been tested for HIV? Yes/No If yes please give result ND
16. Clinical Summary: Pain crisis
17. Investigations White cell count / Hb
18. Management IV fluids / Analgesics / Antibiotics
19. Estimated cost of treatment 150,000 Ksh.

Type of admission: Please tick as appropriate		Specialty	Name of the doctor	Charges
Emergency		Physician		
Non-emergency		Surgeon		
Day care Surgery		Anaethetist		
Hospital Patient				
Private Patient				

Avenue Healthcare
Garden City Clinic
P.O. Box 45280 Nairobi 00100

21. Estimated hospitalization duration 1 week

Admitting Physician name, signature & stamp [illegible]

Claimants certificate : (parent to sign if patient is a minor)

I consent to my Insurer seeking information from my doctor I or my dependants have consulted and to receive extracts from such consultation and or treatment and to undergo any examination requested to determine my claim.

Signed [signature] Date 16/11/15