



NATIONAL HEALTH INSURANCE SCHEME

...Easy access to health care for all

NHIS/SQA/417/1/4964

October 6, 2021

The Medical Director

God Reigns Clinic/Maternity Jeddo Warri
Alabi Close off Jeddo Ughoton Road,
Jeddo, Warri
Delta State

Dear Sir/Madam

LETTER OF APPOINTMENT AS A PARTICIPATING HEALTH CARE SERVICE PROVIDER IN THE NATIONAL HEALTH INSURANCE SCHEME

We are pleased to inform you that based on your application and our subsequent assessment of your health care facility, the **Scheme** has *provisionally* approved your accreditation as a **PRIMARY HEALTH CARE PROVIDER** in the NHIS Social Health Insurance Programme.

Your accreditation code is: **DT/0586/P**

You are to please note that the validity of this accreditation is two (2) years after which you are expected to re-apply.

You are to abide by the operating principles contained in the NHIS Guidelines. Failure to do this shall lead to withdrawal of your accreditation. Our accredited Health Maintenance Organizations (HMOs) will get in touch with you to sign agreements as appropriate.

Please accept our congratulations, and we hope that the Scheme and your organization will continue to collaborate for the provision of accessible and qualitative health care services.

All enquiries on this accreditation should be directed to the Office of the Executive Secretary/CEO, NHIS.

With kind regards.

Yours faithfully

Dr. Yakubu Agada-Amade
General Manager (Standards & Quality Assurance)
For: Executive Secretary/CEO



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Alabi Close off Jeddo Ughoton Road,
Jeddo, Warri
Delta State

Dear Sir/Madam

LETTER OF APPOINTMENT AS A PARTICIPATING HEALTH CARE SERVICE PROVIDER IN THE NATIONAL HEALTH INSURANCE SCHEME

We are pleased to inform you that based on your application and our subsequent assessment of your health care facility, the **Scheme** has *provisionally* approved your accreditation as a **SECONDARY HEALTH CARE PROVIDER** in the NHIS Social Health Insurance Programme for this service: **O & G**

Your accreditation Code is: DT/0586/S/3

You are to please note that the validity of this accreditation is two (2) years after which you are expected to re-apply.

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With kind regards.

Yours faithfully


Dr. Yakubu Agada-Amade

General Manager (Standards & Quality Assurance)

For: Executive Secretary/CEO



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Delta State

Dear Sir/Madam

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We are pleased to inform you that based on your application and our subsequent assessment of your health care facility, the **Scheme** has *provisionally* approved your accreditation as a **SECONDARY HEALTH CARE PROVIDER** in the NHIS Social Health Insurance Programme for this service: **Laboratory**

Your accreditation Code is: DT/0586/S/5

You are to please note that the validity of this accreditation is two (2) years after which you are expected to re-apply.

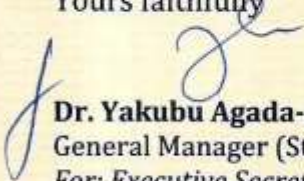
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General Manager (Standards & Quality Assurance)

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