



NHIF CONFIDENTIAL
HEALTH PROVIDER IN / OUT PATIENT CLAIM FORM

Form 2A&B
Regulation 18(1)

Folio No: 2

Bill No: 68

Serial no:04299/10/2021/2

A. PARTICULAR

1. Name : Bugando Medical Centre	6 .Sex : Female	11. Final Diagnosis(Code): E11; I10;
2. Accreditation No :	7. Membership No : 04-10039410	F01; I25.2; K21; E11;
3. Address : 1370	8. Occupation :	12. Patient Status: OUT
4. Patient Name : Luhongesto . Tweve	9. Date of attendance : 2021-10-01	13. Patient's Vote No: 8118
5. Age : 12 Years, 10 Months, 0 Days	10.Preliminary Diagnosis(Code): I11.; I10; F01; I25.2; K21;	14. Authorization No: 101127539495

B. COST OF SERVICES :

Registration/Consultation Charges

SN	Codes	Item Description	Receipt No	Price	Quantity	Discount	Amount
1	10001	General Practitioner Consultation	4524724	10,000	1	0	10,000
							Sub Total : 10,000

Laboratory

SN	Codes	Item Description	Receipt No	Price	Quantity	Discount	Amount
1	5237	Urinalysis	4526587	2,000	1	0	2,000
2	5208	Serum/Blood Creatinine	4526587	5,000	1	0	5,000
							Sub Total : 7,000

Medicine

SN	Codes	Item Description	Receipt No	Price	Quantity	Discount	Amount
1	11574	Furosemide 40mg :Dosage(40mgs OD 1/12)	4527855	40	30	0	1,200
2	11428	Acetylsalicylic Acid/Soluble Aspirin/Ascard 75mg :Dosage(75MG OD 1/12)	4527855	100	30	0	3,000
3	11634	Glimiperide 1mg :Dosage(1MG OD MORNING 1/12)	4527855	250	30	0	7,500
4	11438	Amlodipine/Amlovas/Lofral/Lowvasc 5mg :Dosage(5MG OD 1/12)	4527855	300	30	0	9,000
5	11438	Amlodipine/Amlovas/Lofral/Lowvasc 5mg :Dosage(5MG OD 1/12)	4527855	300	30	0	9,000
6	11487	Clopidogrel/Deplatt 75mg :Dosage(75MG OD 1/12)	4527855	600	30	0	18,000
7	11584	Pantoprazole 40mg :Dosage(40MG OD 1/12)	4527855	650	30	0	19,500
8	12199	Rosuvastatin Solid oral dosage form: 20mg :Dosage(20MG OD 1/12)	4527855	1,500	30	0	45,000
9	12237	Sitagliptin+Metformin solid oral dosage form:50mg/1000mg :Dosage(1TAB BD 1/12)	4527855	2,500	60	0	150,000
10	12237	Sitagliptin+Metformin solid oral dosage form:50mg/1000mg :Dosage(1TAB BD 1/12)	4527855	2,500	60	0	150,000
11	11448	Candersatan Tabs/Antac/Alextil/Atacand 16 MG :Dosage(16MG OD 1/12)	4527855	2,600	30	0	78,000
							Sub Total : 490,200

Grand Total : 507,200

C. Name of attending Clinician : Qualifications: Reg No:

Signature:_____ Mob No:

D: Patient Certification

I certify that I received the above named services. Name : **Luhongesto . Tweve**

Signature :



Tel

E: Description of Out/In-patient Management / any other additional information

F: Claimant Certification

I certify that I provided the above services. Name : **BMC System Administ'rator**

Signature



Official Stamp

NB: Fill in the Triplicate and please submit the original form on monthly basis, and the claim should be attached with Monthly Report.

Any falsified information may subject you to prosecution in accordance.

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