

OLJABET HOSPITAL DAILY REPORT

Date:

Mode of Payment	Package	Department	Number of Patients	Amount Claimed
Nhif/self	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		
AON	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		
NPS	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		
FFS	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		
UPI	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		
CASH	Outpatient	Outpatient		
		Physiotherapy		
		Optical		
		Dental		
		x-ray		

Total Invoice Main Hospital	
Total invoice UPI Main H	
Total Invoice Cash Main H	
Total Main Hospital	
Total Invoice Town Clinic	
Total Invoice Cash Town Clinic	
Total Town Clinic	
Total BOTH FACILITIES	

KENYA ALLIANCE

INPATIENT DISCHARGES

FINAL TOTAL INVOICE + FINAL TOTAL CASH

By