

OLJABET HOSPITAL DAILY REPORT

MODE OF PAYMENT	PACKAGE	NUMBER OF PATIENTS	AMOUNT CLAIMED	
NHIF/SELF	OUTPATIENT			
	DENTAL			
	OPTICAL			
AON	OUTPATIENT			
	DENTAL			
	OPTICAL			
NPS	OUTPATIENT			
	DENTAL			
	OPTICAL			
FFS	OUTPATIENT			
	DENTAL			
	OPTICAL			
UPI	OUTPATIENT			
	DENTAL			
	OPTICAL			
CASH	OUTPATIENT			
	DENTAL			
	OPTICAL			
PHYSIOTHERAPY	OUTPATIENT			
	UPI			
	INPATIENT			
TOTAL				

TOTAL INVOICE		
TOTAL CASH		
TOTAL INVOICE OF SCHOOLS		
TOTAL INVOICE FROM TOWN CL.		
TOTAL CASH FROM TOWN CLINIC		
TOTAL BOTH FACILITIES		
FINAL TOTAL CASH		
FINAL TOTAL INVOICE		

FINAL TOTAL INVOICE + Final Total Cash	
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