MEDICAL ADMINISTRATOR
KENYA LIMITED

CLAIM FORM

HOSPITAL DETAILS

Hospital / Provider Name:

Hospital / Provider Address:

MEMBER PARTICULARS

Scheme Name:

Member Surname:

Member Other Names:

Name Of Patient If Not The Same As Employee:

Relationship to Employee: Self ☐ Spouse ☐ Son ☐ Daughter ☐ Date of Birth DD MM YYYY

Member No.

Bank Account Number **NHIF No.**

Bank Name: **National ID No.**

Bank Branch:

Telephone No(s) & E-mail address

TREATMENT DETAILS (To be completed by attending doctor)

I) Diagnosis:

ii) Is this a post hospitalization visit? Y ☐ N ☐ If yes, please indicate date when member was hospitalized DD MM YYYY

iii) Is the condition work related or an occupational illness? Y ☐ N ☐

If yes, please explain

iv) When was the condition rst diagnosed? DD MM YYYY Cause of the illness(es)?

v) Is the condition likely to recur? ☐ N ☐ Is the condition congenital? Y ☐ N ☐

vi) Clinical Summary

vii) **Department**

viii) **Sub Department**

WORK / OCCUPATIONAL ILLNESS OR INJURY)

I) Date of Accident DD MM YYYY

ii) Cause of Accident Time of Accident Place of occurrence

iii) Patient's date of admission DD MM YYYY Patient's date of discharge DD MM YYYY

Note: Please attach a copy of Police Abstract

Description of Expenses (Please attach original invoices for all services rendered)

I hereby certify that all the answers and all documents submitted with this claim form are complete and true.
I hereby authorize any doctor, hospital, clinic or other organization that has information about me or my dependants to provide the Medical Scheme Administrators and/ or insurers with complete information and records of treatment, ndings etc.

Patient / Parent / Guardian Signature _____ Date: DD MM YYYY

I certify that the above treatment was administered by me to the patient or was carried out at my instructions by other Practitioners or establishments

Doctors Name _____ Date: DD MM YYYY Signature & Stamp

Minet Building, 7th Floor, Mamlaka Road, Nairobi Kenya +254 730 604 000 info@malk.co.ke

ITEMS MARKED IN RED ARE MANDATORY