**DATE: …………………..**

Daily Summary of work (RECORDS FILING)

………………………………………………………………………………………………………………………………………………………...

**TOTAL NUMBER OF PATIENTS BY 5:00 p.m.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MODE OF PAYMENT** | **PACKAGE** | **NUMBER OF PATIENTS** | **AMOUNT CLAIMED** |
| **NHIF/SELF** |  |  |  |
| **AON** | 1.OUTPATIENT |  |  |
| 2. DENTAL |  |
| 3. OPTICAL |  |
| **NPS** | 1.OUTPATIENT |  |  |
| 2. DENTAL |  |
| 3. OPTICAL |  |
| **FFS** | 1.OUTPATIENT |  |  |
| 2. DENTAL |  |
| 3. OPTICAL |  |
| **UPI** |  |  |  |
| **CASH** |  |  |  |
| **TOTAL** |  |  |  |

|  |  |
| --- | --- |
| **TOTAL INVOICE** |  |
| **TOTAL CASH** |  |
| **TOTAL INVOICE OF SCHOOLS** |  |
| **TOTAL INVOICE FROM TOWN CLINIC** |  |
| **TOTAL BOTH HOSPITALS** |  |
| **FINAL TOTAL CASH** |  |
| **FINAL TOTAL INVOICE** |  |