OLJABET HOSPITAL

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`*Healthcare that cares `*

ACCOUNTS AND FINANCE INTERIM INCOME FOR THE DAY DATE -------------------

1. DEBTORS ACCOUNT/HEALTH INSUARANCE.

NHIF

i. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii. Outpatient:

1. FFS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. FFS No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii. Dental:

1. FFS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Claim amount (ksh):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. FFS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iv. Bad debts loss/claims No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AON/MINET

1. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Outpatient:
3. General outpatient No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Dental No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Optical No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Bad debts/loss claims No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Claim amount (ksh)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KENYA ALLIANCE

1. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Outpatient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.A. INSURANCE

1. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Outpatient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEGWICK INSURANCE

1. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Outpatient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUAFYA

1. Inpatient discharges No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Outpatient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim amount (ksh) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. CASH COLLECTION

Total amount collected:

Interim income for the day