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 |  |