



CONFIDENTIAL

THE NHIH - HEALTH PROVIDER IN/OUT PATIENT CLAIM FORM

Appendix X

Form NHIF @A & B

Regulation 18(1)

Authorization No:07188245862

Serial No:1305234300

A. PARTICULARS

1.Name Of Health Facility:St.Joseph hospital

2.Address:DAR ES SALAAM-TANZANIA-11007

3.Consultation Fees:5000

4.Department:Out

5.Date Of Attendance:2023-05-12

6.Patient File No:2019/11/MH62547

7.Name Of Patient:HALIMAJUMA

8.DOB:1995-11-07

9.Sex M/F:F

10.Vote:26

11.Patient Physical Address:DAR ES SALAAM-TANZANIA-11007

12.Card No:203801301050

13.Occupation:NONE

14.Preliminary Diagnosis (Code):084

15.Final Diagnosis(Code):084

B. COSTS OF SERVICES

Description	Item Code	Qty	Unit Price	Amount
Consultation				
General Practitioner Consultation	10001	1.0	5000	5000
SUB TOTAL				5000
Medicine				
Prenatal Capsule	355596	1	60000	60000
Oracure (Lidocaine hcl 20mg + Cetylpyridinium chloride 1mg)	356151	1	12500	12500
Ceftriaxone(Rocephine)	300472	1	13300	13300
Prazosin	12224	1	800	800
SUB TOTAL				86600
GRAND TOTAL				91600