



Serial No.

NHIF 8
(Revised 2009)

NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443 - 00100, NAIROBI

Tel 020 – 2723255/6

Website: www.nhif.or.ke Email: info@nhif.or.ke

HOSPITAL CLAIM FORM

HOSPITAL NAME CLAIM NO:.....

HOSPITAL ADDRESS Contributor’s NHIF No:

HOSPITAL CODE Contributor’s ID No:

PART I: PATIENT’S PARTICULARS

1. Family Names.....
 2. Date of Birth...../...../.....
 3. Patient/Contributor’s Tel. No:
 4. Payment Receipt No.....
 5. Patient’s relationship to Contributor (Self, Spouse, Child)
 6. If Child/Dependant, School/College Attended
- Town.....

PART II: HOSPITAL’S PARTICULARS

1. Patient’s Date of Admission (DOA)
2. Patient’s Date of Discharge (DOD).....
3. In-Patient No. (IP/No) Bed/Cot No.

4.

Rebate (Ksh)	Number of Days	Invoiced Total Bill (Ksh)	Amount Payable (Ksh)

PART III: MEMBERS DECLARATION

I hereby certify that I have produced to the Hospital Authority my NHIF Contribution Card No. duly paid up-to-date and that the particulars described in parts I and II above are correct. I hereby authorize NHIF to reimburse/pay the hospital as stipulated by the NHIF rebate and further give consent to NHIF medical personnel to have unlimited access to my hospital records.

Member’s Signature..... Date.....

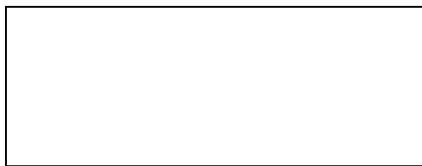
PART IV: HOSPITAL DECLARATION

I certify that I have inspected the card member No.
Valid Receipt No /Certificate No. (CCP No.) Please arrange to pay the hospital
the sum of Ksh being the approved rebate of Ksh
for Days.

Name of Authorized Official

Designation Signature Date

Official Hospital Rubber Stamp



PART V: Attach copy of Discharge Summary (with hospital seal)

Disease Code (ICD10)

PART V FOR OFFICIAL USE

I hereby confirm that the claim has met all the requirements and promise to ensure confidentiality of the patient's
medical records accessed by me.

1. Quality Assurance Officer (a) Full Name

(b) Signature.....Date.....

2. Compliance Officer (a) Full Name

(b) Signature.....Date.....

3. Branch Manager (a) Full Name

(b) Signature.....Date.....