Afya Yetu. Bima Yetu

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 .....

Serial No. .....

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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.....