Afya Yetu. Bima Yetu
NATIONAL HOSPITAL INSURANCE FUND
P.O. Box 30443 – 00100, NAIROBI, KENYA
Tel 020 2723281/82
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INPATIENT HOSPITAL CLAIM FORM

PART I: HOSPITAL PARTICULARS

Hospital Name: ..... Claim No: .....

Hospital Address: ..... Hospital Code: .....

PART II: MEMBERS AND PATIENT PARTICULARS

Member Name: ..... Telephone No .....

NHIF No: ..... ID No: .....

Patient Name: ..... Telephone No .....

Date of Birth ...../...../.....

Patient relationship to contributor ..... (self, spouse, child)

PART III: IN-PATIENT PARTICULARS

Patient DOA: ..... Patient DOD ..... No of days .....

Inpatient No ..... Bed No .....

Procedure Details

Case code(s)	Name of procedure	Pre authorization Reference no.	Total invoice amount (Ksh)	NHIF Payable amount (Ksh)

NB: Procedures subject to preauthorization must have an NHIF System generated reference No.

PART IV: MEMBERS DECLARATION

I hereby certify that I have produced to the Hospital authority my NHIF membership card No. ..... duly paid up to date and that the particulars described in **parts II and III** above are correct. I therefore authorize NHIF to reimburse/ pay the Hospital accordingly and further give consent to NHIF staff to have unlimited access to my / beneficiaries medical records.

I understand that it is an offence to knowingly make any false statement for purposes of obtaining any benefit under NHIF Act

Member's Signature..... Date .....

PART V: HOSPITAL DECLARATION

I certify that I have inspected all the above details and confirm that they are correct.

I understand that it is an offence to knowingly make any false statement for purposes of obtaining any benefit under NHIF Act

Please arrange to pay the Hospital Ksh ..... being the sum total of NHIF Payable amount for the services rendered.

Name of Authorized Hospital official .....

Designation .....Signature .....Date.....

Official Stamp

PART VI: Attach copy of Discharge summary (with Hospital seal)

Disease Code(s) (ICD10) (1) ..... (2) ..... (3) ..... (4) .....

NOTE: NHIF shall confirm that the claim has met all requirements at the respective claims processing stages and shall uphold utmost confidentiality of the patient's medical records.