Form NHIF 2A
Regulation 18(1)

CONFIDENTIAL

Serial No: 23/24 - 12205205

THE NHIF - HEALTH PROVIDER IN / OUT PATIENT CLAIMS FORM

A1: Health Facility

1. Name of Health Facility ..... 2. Address ..... 3. Department ..... 4. Date of attendance.....

A2: Patient's Particulars

2. Name of Patient:..... 3. DOB ..... 4. Sex M/F ☐

1. Patient's File No ..... 6. Card No ☐☐☐☐☐☐☐☐☐☐☐☐ 7. Authorization No ☐☐☐☐☐☐☐☐☐☐☐☐

5. Patient's Physical Address .....

8. Preliminary Diagnosis (code)..... 9.Final Diagnosis (code).....

B: Details / cost of Services

Investigations		**Medicine in Generic Name**				**In Patient**	**Service Fee**	
							Other Services Surgery/Procedure/Physiotherapy/Dressing Etc	
Type	Cost	Generic Name/Strength Formulation/Duration	Quantity	Unit Price	Cost	Admission (Date)	Type of service	Costs
						Admitted on		
						.....		
						Discharged on		
						.....		
						No of Days		
						.....		
SUB TOTAL			**SUB TOTAL**			**SUB TOTAL**	**SUB TOTAL**	
							GRAND TOTAL	

C: Name of the attending Clinician ..... Qualification ..... Reg. No. ..... Signature ..... Mobile No .....

D: Uthibitisho wa Mgonjwa/Patient's certification

Nathibitisha kuwa huduma niliyopokea ni sahihi na ninatambua kwamba ni kosa kisheria kukiri kupata matibabu ambayo hayajatolewa.

I certify that I received the above mentioned services as witnessed by my signature hereunder and I understand that it is illegal to provide false testimony

Jina (Name)..... Sahihi (Signnature)..... Tarehe (Date)..... Namba ya simu (Mobile No).....

Hakikisha unapatiwa nakala ya fomu hii iliyojazwa huduma ulizopatiwa
(Make sure you receive a copy of this form indicating the services received)

E: Description of management / other additional information

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F: Claimant's Certification

I certify that I provided the above services. Name..... Signature..... Official Stamp.....

Original form to be submitted to NHIF offices by the treating healthy facility (**Yellow**) 1st copy to be retained by the treating facility (**Pink**), 2nd copy to be given to NHIF beneficiary (**Blue**)