songhai
HEALTH TRUST LIMITED
...always there when you need us.

CLAIMS FORM

HCP ID …… HCP Name……..……..……..…

Enrollee's ID No …… DOB ……..……..…… Sex……

Enrollee's Name……..……..…… ……..……..……..……..……..

Diagnosis……..……..……..……..……..……..

☐ Out-patient…….. ☐ In-patient

Date of Visit……. Date of admission…… Date of discharge…….....

S/N	Presenting Complaints
S/N	Physical Examination

S/N	Investigations with result (Laboratory, radiological & others)	Cost

S/N	Drugs/infusion/others	Dosage	Duration	Cost

Total Cost (Claims)…….

Doctors' signature/stamp…… Date……

Acknowledgement

I confirm that I received the above treatment

Name [Please print in capitals]…….……..…

Signature:…… Date: ……