

S/NO	DATE	SVC NO	NAME	DIAGNOSIS	AUTHORIZATION CODE	PROCEDURE	CONSULTATION FEE	COST OF PROCEDURE	COST OF DRUGS GIVEN	COST OF LAB TEST	TOTAL

Attachments:

- Referral form
- Clear copy of the NHIS prescription form
- Copy of laboratory investigation request form

Please attach the above where necessary with all relevant fields properly and legibly completed. Mistakes / errors in the compiling of claims would lead to delays or denials of such claims.

Thank you.