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

Attachme	nts:
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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.