



**UNIVERSITY OF NAIROBI HEALTH SERVICES**

**HOSPITALIZATION CLAIM FORM**

CLAIMANT NAME.....PAYROLL NO.....

COLLEGE.....GRADE.....

DEPARTMENT.....

MOBILE No..... (Necessary for M-Pesa Payment)

TERMS OF SERVICE (Tick appropriate) Permanent  contract  Temporary

I wish to apply for a refund of the enclosed receipt(s) amount to Khs..... In respect of

Self  Dependant  (Tick appropriate)

| <u>FULL NAME</u> | <u>SEX</u> | <u>AGE</u> | <u>RELATIONSHIP</u> |
|------------------|------------|------------|---------------------|
| .....            | .....      | .....      | .....               |
| .....            | .....      | .....      | .....               |

I am eligible for Hospitalization refund under the current University regulations and my terms of service. I certify the information given above to be true.

Applicant's Signature..... Date.....

**RECOMMENDATION BY REFERRAL DOCTOR**

I confirm that the applicant is eligible / not eligible for consultancy refund under his/her terms of Service.

Application is:- Approved / Not Approved

Remarks.....

Amount approved for refund Khs.....

Signed By..... Designation..... Date.....

**BURSAR'S OFFICE – UHS**

COMPUTATION OF EXCEEDS BED CHARGES

COMPUTATION OF AMOUNT PAYABLE

