



NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

Website: www.nhif.or.ke Email: info@nhif.or.ke

NHIF ADMISSION NOTIFICATION FORM

1. Hospital full name:.....
 2. Hospital's code no:
 3. Name of patient:..... Id. No.....
 4. Date of birth..... Sex:
 5. Name of person accompanying patient
 5. Employer of contributor:
 6. NHIF membership no:ip no:
 7. Patient admitted and started on treatment by clinician
- Full names:.....
- Signature: _____
- Date of admission:

NB. (Hospitals are required to send this form in 24 hours to the Area Office (by fax, email, SMS or any other means)