



NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

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

LONG STAY NOTIFICATION FORM

Hospital's Name..... NHIF Hospital Code.....

Name of the Patient..... Age..... IP/No

Date of Admission..... Ward No..... Bed/cot No

NHIF Membership No

Reason for long stay.....

.....

.....

.....

Attending Clinician's (Nurse/Doctor/Clinical Officer)

Name

Signature _____ on this date

NB: This form should be faxed/e-mailed/or delivered by any other means to the respective NHIF area office on the sixth day of patient's hospitalization without fail.