

## POLICE HEALTH MAINTENANCE LIMITED (POLICE HMO)

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## **CLAIMS FORM**

Name of Provider			F	HCP NHIS Code No		
Name of Enrollee		Age E	nrollee NHIS No			
AP NOCommand Name						
Force No Authorizati		Authorization Code				
Date of Notification		Date of Admission		Date of Discharge		
Diagnosis:INVESTIGATIONS/PROCEDURES/OTHERS						
S/N	PRESENTING COMPLIANTS WITH DURATION OF SYMPTOMS					
	INVESTIGATION				<u>AMOUNT</u>	
	TOTAL					
MEDICATIONS						
	DRUGS/INFUSION		DOSAGE	DURATION	AMOUNT	
	TOTAL LESS 10%					
				TOTAL LESS 10% GRAND TOTAL		
Sign. of Provider		Sign. of Patient		Sign. of PHML Officer		

(State, Zone, National)