



Afya Yetu. Bima Yetu

**NATIONAL HOSPITAL INSURANCE FUND**

P.O. Box 30443, NAIROBI

Website: [www.nhif.or.ke](http://www.nhif.or.ke) Email: [info@nhif.or.ke](mailto: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)**