



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)

**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.**