



HOSPITALISATION CASH PLAN CLAIM FORM Hosicare

PART A - TO BE COMPLETED BY POLICY OWNER

Note: Kindly attach copy of NHIF card

Policy Number Date Commenced.

Documents required

- 1. Hospital discharge summary report
- 2. Copy of National Identity/ Passport/ Birth Certificate

The Policy owner undertakes to present hospital discharge summary and other relevant medical reports to support the claim for hospitalisation cash benefit.

Fraud notice

Lodging fraudulent claim(s) may result into the Policy being voided, or cancelled, at the Company's discretion from the time the fraud is discovered.

PART B - TO BE COMPLETED BY THE HOSPITAL

Name of Hospital Admitted (*must be NHIF approved*)

Full Name of Patient

National ID Number

Date of Admission

Cause of Admission

Total Number of Days Admitted

I Dr. confirm that the information above and attached Hospital discharge summary are true and complete to the best of my knowledge.

FULL NAME OF ATTENDING PHYSICIAN:

SIGNATURE & HOSPITAL RUBBERSTAMP

APA LIFE

Head Office: Apollo Centre, 07 Ring Road Parklands, Westlands, P.O. Box 30389, 00100 Nairobi. Tel: 254 020 364 1000

Fax: 254 020 364 1100, Email: insurance@apalife.co.ke, Website: www.apalife.co.ke

BRANCH OFFICES: Mombasa | Nakuru