TOTAL HEALTH TRUST

2 Marconi Road, Palmgrove Estate Lagos Nigeria.

24 Hours Call Center Numbers **Tel: (234-1) 7747150, 8045263, 8980368**

Mobile: 0808 267 8984, 0803 402 1430

Email: info@totalhealthtrust.com

Website: www.totalhealthtrust.com

CLAIM FORM

INVOICE NO: ----------

- **ALL FIELDS/SPACES ARE MUST FILLED FOR YOUR CLAIMS TO BE PROCESSED**
- **A CLAIM FORM MUST BE USED PER PATIENT**

NAME OF CLINIC----------

ADDRESS OF CLINC----------

REFERRING HOSPITAL (WHERE APPLICABLE) ----------

PATIENT DETAILS

SURNAME---------- OTHER NAMES----------

MEMBERSHIP NO---------- AGE---------- GENDER----------

DIAGNOSIS---------- AUTHORIZATION CODE----------

DATE OF TREATMENT (COMMENCEMENT) ----------

DATE OF DISCHARGE (WHERE APPLICABLE) ----------

S/N	DESCRIPTION OF SERVICE PROVIDED,DRUGS ETC	DOSAGES	QUANTITY	COST

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PROVIDER'S NAME & SIGNATURE **PATIENT'S SIGNATURE & DATE**