THT
Total Health Trust Ltd.
A member of LIBERTY

MANAGED CARE CLAIM FORM

2 Marconi Road, Palmgrove Estate, Lagos
(SMS AND WHATSAPP- +234 (0) 7013674541)
Email: claimsmailroom@totalhealthtrust.com

24 Hours Call Center Numbers

01-4482105 | 01-4607560
+234 (0) 708 0687 600
5EF0E0DD

INVOICE NO: _____

ALL FIELDS/ SPACES MUST BE FILLED FOR YOUR CLAIMS TO BE PROCESSED

A CLAIM FORM MUST BE USED PER PATIENT

NAME OF CLINIC _____

ADDRESS _____

REFERRING HOSPITAL (WHERE APPLICABLE) _____

PATIENT DETAILS

SURNAME _____ OTHER NAMES _____

MEMBERSHIP NO*_____ AGE _____ GENDER _____ AUTHORIZATION CODE _____

DIAGNOSIS*_____

_____

DATE OF TREATMENT (COMMENCEMENT)*_____ DATE OF DISCHARGE (WHERE APPLICABLE) _____

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

_____
PATIENT'S SIGN / DATE

_____
PROVIDER'S SIGN/DATE

_____
PATIENT'S PHONE NUMBER