



Afya Yetu. Bima Yetu

NATIONAL HOSPITAL INSURANCE FUND

P .O. BOX 30443 - 00100

NAIROBI, KENYA.

E-Mail: info@nhif.or.ke

Website: www.nhif.or.ke

CHOICE OF OUTPATIENT MEDICAL FACILITY FORM

Guidelines:

1. Principal Members are required to forward a duly completed form to the nearest NHIF office.
2. To select a medical facility, please refer to the list of NHIF accredited health facilities available on the NHIF Website and NHIF offices countrywide.
3. To access benefits one MUST be duly registered by filling NHIF Registration Form (NHIF 2) and declare their dependants.
4. A copy of the Principal Member's National ID MUST be attached.

A. PRINCIPAL MEMBER'S DETAILS

SURNAME: OTHER NAMES:

NHIF NO. (Mandatory) I.D NO. (Mandatory)

PERSONAL NO JOB GROUP

DATE OF BIRTH (DD/MM/YYYY)..... GENDER (Male/Female).....

MOBILE NO: EMAIL ADDRESS

EMPLOYER STATION

B. DEPENDANT(S)' DETAILS

	NAME	DATE OF BIRTH			GENDER	PREFERRED MEDICAL FACILITY	
		DD	MM	YR	M/F	CODE	NAME
PRINCIPAL							
SPOUSE							
CHILD 1							
CHILD 2							
CHILD 3							
CHILD 4							
CHILD 5							

C. REASON FOR CHANGE OF FACILITY

Tick as applicable:

01	Transferred to a new workstation	
02	Promotion	
03	Unavailability of services for 24 hours	
04	Asked to buy prescribed drugs	
05	Unavailability of dental services	
06	Unavailability of optical services	
07	Lack of specialized services	
08	Lack of laboratory services	
09	Bad attitude from clinic staff	
10	Current facility stopped offering services	
11	Other (Specify)	

D. CERTIFICATION

I certify that the information provided is correct to the best of my knowledge.

Name of Employee.....Signature.....Date.....

E. FOR OFFICIAL USE

RECEIVED BY.....Signature.....Date.....

UPDATED BY.....Signature.....Date.....

APPROVED BY.....Signature.....Date.....