PATIENT DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME |  | | | | | | | | | | | SURNAME |  |
| MEMBER NO |  |  |  |  |  |  |  |  | DEP. CODE |  |  | GENDER   |  |  | | --- | --- | | M | F | | DOB   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |

MAIN MEMBER DETAILS

SERVICE PROVIDER DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME |  | SURNAME |  |
| EMPLOYER |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF THE CLINIC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | CONSULTING PHYSICIAN |  | | | | | | | | |
| LIBERTY HEALTH PROVIDER NO | | | |  |  | |  | |  | |  | |  |  | |  | |  |  |  |  |  |  |  |  |  |  | TREATMENT DATE |  | | | | | | | | |
| SHOULD HOSPITALISATION HAVE BEEN REQUIRED PLEASE INDICATE DURATION OF STAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMISSION DATE: |  |  |  | | |  | |  | |  | |  | | |  | | DISCHARGE DATE: | | | | | | | | | | | | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DIAGNOSIS CODING** | **DIAGNOSIS** | **CODE** | **DIAGNOSIS** | **CODE** | **DIAGNOSIS** | **CODE** | **DIAGNOSIS** | **CODE** |
| ALLERGIC RHINITIS | J30 | C-SECTION | 086 | MALARIA | V65 | PHARYNGITES | 098 |
| ANAEMIA | D64 | DENTAL CARES | 096 | MYOPIA | D54 | PNEUMONIA | 087 |
| ANTENATAL SCREENING | Z36 | DERMATITIS | K87 | OPTICAL EXAMINATION OF EYES AND VISION | G54 | SPONTANEOUS BIRTH | K97 |
| BRONCHITIS | J40 | DIARRHOEA/GASTRO | L87 | K65 | TONSILITIS | L97 |
| CANDIDASIS | B37 | GASTRITIES | K65 | OTITUS MEDIA | H55 | URTI | O65 |
| CONJUCTIVITIES | H10 | INFLUENZA | L6O | PEPTIC ULCER | C34 | UTI | J43 |
| OTHER |  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CONSULTATION | 098-GP | 099-SPECIALIST | 0199-OPTICAL | 0987-DENTAL | OTHER | COST |  |

IS THIS A MATERNITY RELATED CLAIM?  YES  NO

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE PROVIDED | CODE | | | | | | DESCRIPTION | COST |
| LABORATORY TEST |  |  |  |  |  |  |  |  |
| OTHER DIAGNOSTIC PROCEDURES/TESTS |  |  |  |  |  |  |  |  |
| OPTICAL |  |  |  |  |  |  |  |  |
| DENTAL |  |  |  |  |  |  |  |  |