…Promoting excellent healthcare

# POLICE HEALTH MAINTENANCE LIMITED

*(POLICE HMO)*

## ACTUARIAL DATA/ATTENDANCE DOCUMENTATION

**NAME OF PROVIDER:**

**PROVIDER CODE:** **MONTH:**

| DATE | NAME | NHIS NO | FOLDER NO. | AGE | SEX | ENROLLEE TYPE: PRINCIPAL SPOUSE CHILD | COMPANY/ MINISTRY | HMO CODE | DIAGNOSIS | INVESTIGATION | DRUGS | DRUG BILL ₦ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |