Premiermedicaid
NIGERIA LIMITED
(HEALTH MAINTENANCE ORGANISATION- HMO)
NATIONAL HEALTH INSURANCE SCHEME

MONTHLY STATISTICAL RETURNS

FACILITY:_____

S/N	NAME OF ENROLLEE	AGE	SEX	PIN	DIAGNOSIS	INVESTIGATION(S)	TREATMENT	REMARKS	DATE	BENEFICIARY'S SIGNATURE

Original Copy to be forwarded to the HMO at the end of every Month.

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