





The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR INSURANCE CLAIMS AND PAYMENTS FOR SERVICES (CUEA/DVC ADM/INF /04)	SR. IN CHARGE
	NO. OF APPENDICES:
	6 (SIX) (A-F)
AUTHORIZATION This Standard Operation Procedure is issued under the authority of:	
TITLE	DVC ADMINISTRATION
SIGNATURE	
DATE	27th April 2015
ISSUE DATE	27th April 2015
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED
NOTE: 1. Write amendments on the page provided (Clause 0.2) 2. Controlled copies of this document will be in the DVC Administration and the Sr. In Charge office	

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0. CONTENTS AND RECORD OF CHANGES

0.1 Table of Contents

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0.2 Record of Changes

No.	Date <i>(dd-mm-yy)</i>	Details of Changes		Authorization <i>Title</i>
		<i>Page</i>	<i>Clause/subclause</i>	
1.	19 May 2011	1	Title	Sr. In Charge
2.	19 May 2011	3,4	Section 6	Sr. In Charge
3.	12.03.2015	6-10	Attached appendices 7.2 – 7.6	Sr. In Charge

0.3 Distribution / Circulation

This standard operating procedure is available at relevant functions for authorized users.

1.0 PURPOSE

To ensure effective re-imburements of claims made to Insurance Company by the Infirmary.

2.0 SCOPE


Covers medical claims for staff and dependants treated at the Infirmary and student accident cover claims.

3.0. REFERENCES

- 3.1 Finance Policy Manual
- 3.2 CUEA Quality Management Manual

4.0 TERMS AND DEFINITIONS

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4.1 Nurse in charge – Nurse on duty to see clients

5.0 PRINCIPAL RESPONSIBILITIES

Sr. In Charge shall have the overall responsibility of the procedure.


6.0 METHOD

6.1 Medical Insurance Claims

- 6.1.1 The doctor/ clinician shall fill the claim form appropriately, sign and stamp it.
- 6.1.2 The nurse in charge shall receive all claim forms from pharmacy and record the diagnosis and nature of treatment in the Daily Attendance Register (CUEA/DVC ADM/INF/04/Reg 01).
- 6.1.3 The nurse in charge shall forward all claims to the Records officer.
- 6.1.4 The Records officer shall determine status of client.
- 6.1.5 If insured, the officer shall compute the charges and raise an invoice to the specific staff Medical Insurance Company
- 6.1.6 If student, the officer shall compute the charges and raise invoice to the specific students accident cover insurance company.
- 6.1.7 The Records Officer shall prepare a Monthly Summary Claims (CUEA/DVC ADM/INF/04/L01) List to the specific Insurance companies and forward to the credit controller.
- 6.1.8 Credit controller shall raise a credit control invoice to the specific Insurance Company against the monthly claims attach to the claims and forward to the head of the infirmary department.
- 6.1.9 The Infirmary HOD shall forward the claims, invoices and credit control invoice to Insurance Company for re-imburement.
- 6.1.10 The respective insurance company shall acknowledge receipt of the claims.

6.2 Doctors Claims

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6.2.1 The Records clerk shall compute the number of clients seen by each doctor for that month. He or She shall then fill the Doctors Claim Form (CUEA/DVC ADM/INF/04/fm02).

6.2.2 The Infirmary HOD shall approve the claims and forward to finance department for payments.

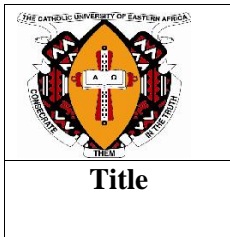
6.3 Service Payments

6.3.1 The records clerk shall compute the payments for services to be paid through accounts office and issue Service Charge Sheet (CUEA/DVC ADM/INF/04/fm01). He/ She shall direct the client to clear with the accounts office.

7.0 APPENDICES

- 7.1. Appendix A: Process MAP
- 7.2 Appendix B: Daily Attendance Register
- 7.3 Appendix C: Invoice
- 7.4 Appendix D: Monthly Summary Sheet
- 7.5 Appendix E: Doctor's Claim Form
- 7.6 Appendix F: Service Charge Sheet

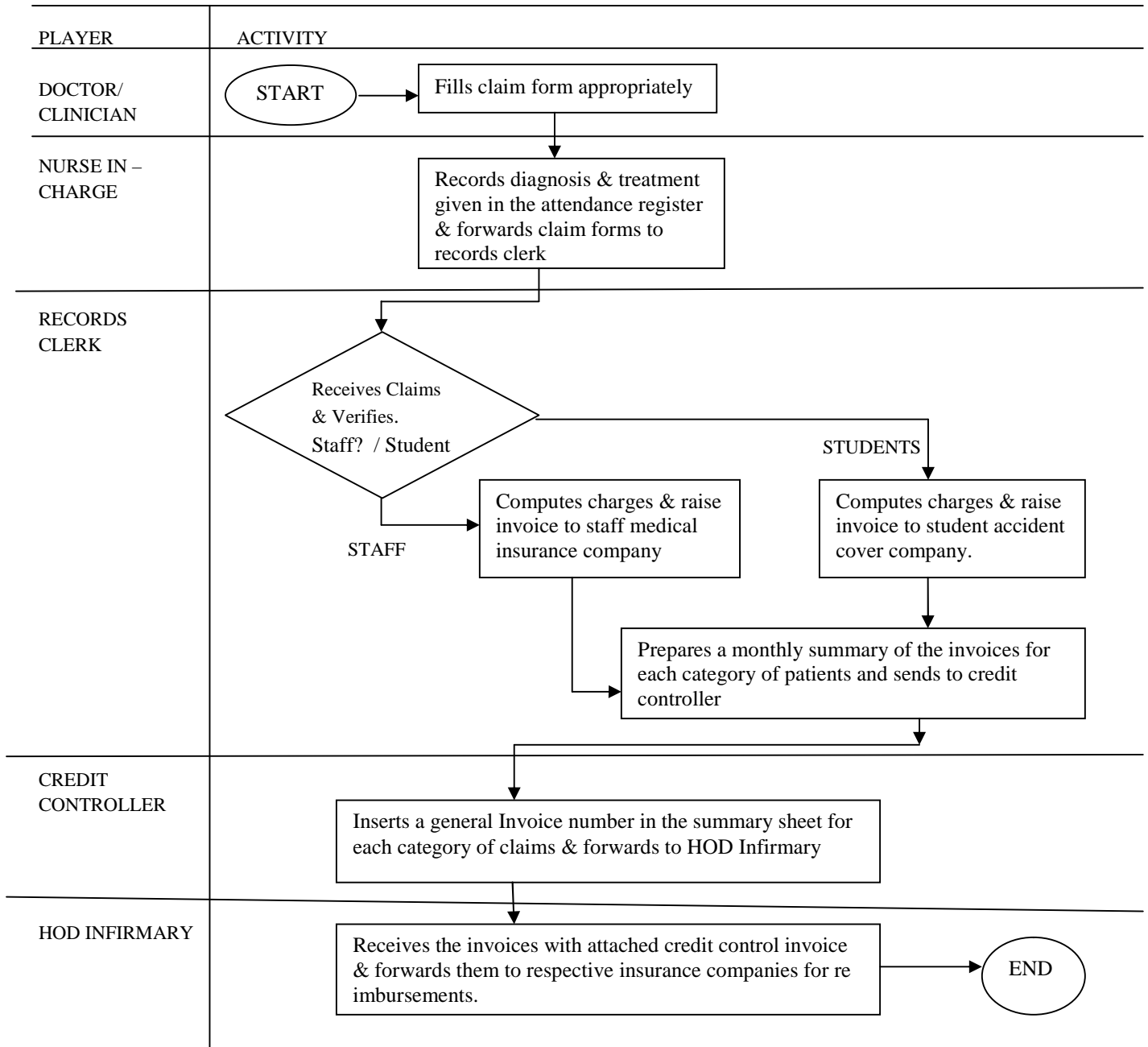
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Standard Operating Procedure

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7.1 Appendix A: Process Map for Claims



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7.4 Appendix D: Monthly Summary Sheet

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CLAIM FORMS SCHEDULE FOR THE MONTH OF *(month year)*


No	DATE	INVOICE NO.	NAME	AMOUNT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
			G/TOTAL	

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7.5 Appendix E: Doctor's Claim Form



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

Infirmary

DOCTOR'S CLAIM.

P.O. Box 62157
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084

TO: FINANCE ADMINISTRATOR.

Kindly herewith find the Doctors claim for the month of _____ 200_____

Drs Name: _____

	ITEM DESCRIPTION	INSURED	NON-INSURED	
1	CONSULTATION			
2	PROCEDURES			
3	OTHERS			
	TOTAL			


Yours,

Sr – In charge, Infirmary

CUEA/DVC ADM/INF/04/fm 02

CUEA/DVC ADM/INF/L 01

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7.6 Appendix F: Service Charge Sheet



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

Infirmary

SERVICE CHARGE SHEET

P.O. Box 62157
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084

TO: CREDIT CONTROLLER

RE: **REG/ID NO:**

The above named has been treated at the Infirmary.

The total Bill is Ksh

Please debit his / her account.

Yours,

SR. IN CHARGE

CUEA/DVCADM/INF/04/fm01

INFIRMARY

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