KIBABII UNIVERSITY HEALTH SEVICES SERVICE CHARTER

SERVICE OFFERED	REQUIREMENTS	COST	TIMELINE
OUT PATIENT CARE	AS PER TERMS OF	NIL	OFFERED 24 HOURS
FOR STAFF AND	SERVICE (TOS)		7 DAYS OF THE WEEK
DEPENDANTS			
OUTPATIENT CARE FOR	BONA FIDE KIBABII	NIL	OFFERED 24 HOURS
STUDENTS	UNIVERSITY STUDENT		7 DAYS OF THE WEEK
	IN SESSION AND BE A		
	HOLDER OF KIBABII		
	UNIVERSITY STUDENT		
	ID.		
INPATIENT REFERRAL	REFERRAL FORM BY	AS PER TERMS OF	OFFERED 24 HOURS
FOR STAFF AND	CLINICIAN AS PER	SERVICE	7 DAYS OF THE WEEK
DEPENDANTS	TERMS OF SERVICE		
INPATIENT REFERRAL	BINA FEDE KIBABII	AS PER KIBABII	OFFERED 24 HOURS
FOR STUDENTS	UNIVERSITY IN SESSION	UNIVERSITY	7 DAYS OF THE WEEK
	AND BE A HOLDER OF	REGULATIONS	
	KIBABII UNIVERSITY		
	STUDENT ID		
	REFERRAL BY		
	CLINICIAN		
LABORATORY	DULY FILLED REQUEST	NIL	OFFERED MON-
	FORM FROM CLINICIAN		SUNDAY 8AM-6PM
PHARMACY	VALID PRESCRIPTION	NIL	OFFERED 24 HOURS
	AUTHORIZED BY		7 DAYS OF THE WEEK
	UNIVERSITY CLINICIAN		
AMBULANCE	AUTHORIZATION BY	NIL	OFFERED 24 HOURS
	CLINICIAN ON DUTY		7 DAYS OF THE WEEK
PROCESSING OF	DULY FILLED CLAIM	NIL	OFFERED 8AM-5PM
MEDICAL CLAIM	FORM AND		WORKING DAYS
	SUPPORTING		
	DOCUMENTS		
COMPLAINS AND	WRITTEN OR ORAL	NIL	8AM-5PM WORKING
COMPLEMENTS			DAYS

FOR INQUIRES, COMPLIMENTS OR COMPLAINS email jeshirera@kibabiiuniversity.ac.ke or call 0701853414 OR WRITE TO THE DEPUTY SENIOR CLINICAL OFFICER KIBABII UNIVERSITY PO BOX 1699-50200 BUNGOMA