

KIBABII UNIVERSITY
HEALTH SERVICES SERVICE CHARTER

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