



# MAMA MARGARET UHURU HOSPITAL

## SERVICE DELIVERY CHARTER

SERVICES	CLIENT REQUIREMENT	CHARGES (KES)	WAITING TIME
<b>Registration for outpatient service</b> • Emergency • Non-Emergency <b>Consultation</b> • Emergency • Non-Emergency	<ul style="list-style-type: none"> <li>Identification documents for next of Kin (National ID card/ Passport)</li> <li>Payment receipt</li> <li>Observation/ triage sheet</li> <li>Attendance Card</li> </ul>	350	Emergency: Immediate Non-Emergency: 1 hour Emergency: Immediate Non-Emergency: 2 hours
<b>Laboratory Investigations (Basic)</b> • Test for Malaria Parasites • Full Haemogram • Urea, Electrolyte, Creatinine • Liver function tests • Random blood sugar • Urinalysis • Stool	<ul style="list-style-type: none"> <li>Investigation request form.</li> <li>Payment for Investigation.</li> </ul>	400 500 600 600 300 200 500	1 Hour 1 Hour 1 Hour 1 Hour Immediate 1 Hour 1Hour
<b>Radiology Services</b> • X-Ray • Ultrasound • CT Scan • MRI examination	<ul style="list-style-type: none"> <li>Investigation request form.</li> <li>Payment for investigation.</li> <li>NHIF Pre- authorization</li> </ul>	As per request	Emergency: Immediate Non-Emergency: 2 Hours On referral basis
<b>Admission Procedure</b>	<ul style="list-style-type: none"> <li>Doctors Admission note</li> <li>Identification documents for next of Kin (National ID card/ Passport)</li> <li>Reference No./Pre-authorization form for NHIF/Insurance clients and /or</li> <li>Payment receipt (Admission deposit)</li> </ul>	File Opening: 300 Deposit: Medical :8000 Surgical: 20,000	Emergency: Immediate Non-emergency: 1 Hr
<b>Specialized clinic services</b>	<ul style="list-style-type: none"> <li>Discharge Summary/Consultation form</li> <li>Attendance card</li> <li>Payment for consultation fee</li> </ul>	500	2 hours
<b>Surgical Services</b> • Emergency Surgery • Elective Surgery	<ul style="list-style-type: none"> <li>Investigations report.</li> <li>Deposit Payment Receipt/NHIF/Insurance Card.</li> <li>Valid consent form.</li> <li>Attendance card with booked date.</li> <li>Pre- authorization form.</li> </ul>	As per surgical procedure.	Emergency: Immediate Elective: as per booking
<b>Orthopaedic Technology Services:</b>	<ul style="list-style-type: none"> <li>Consultation</li> <li>Correction of Club foot and other deformities</li> <li>Consultation/Referral form</li> <li>Payment Receipt</li> </ul>	350 1,000	30 Minutes
<b>Occupational Therapy Services:</b> • Assessment • Developmental Milestone Training • Sensory Integration Therapy • Speech Developmental Facilitation	<ul style="list-style-type: none"> <li>Consultation/Referral form</li> <li>Payment Receipt</li> </ul>	350	1 Hour
<b>Physiotherapy Services</b> • Consultation • Airway Clearance/Chest Physiotherapy • Physiotherapy per session(Rehabilitative)	<ul style="list-style-type: none"> <li>Consultation/Referral form</li> <li>Payment Receipt</li> </ul>	350	15 Minutes 45 Minutes
<b>Orthopedic Trauma Services:</b> • Consultation • Serial Casting(CTV)	<ul style="list-style-type: none"> <li>Consultation/Referral form</li> </ul>	350	10 Minutes
<b>Nutrition Services:</b> • Assessment • Counselling • Regime Planning • Review • Education	<ul style="list-style-type: none"> <li>Payment Receipt</li> <li>Consultation/Referral form</li> </ul>	600 FREE	30 Minutes 1 Hour
<b>Pharmacy Services</b>	<ul style="list-style-type: none"> <li>Treatment sheet/ Prescription.</li> <li>Payment receipt/charge sheet</li> <li>Invoice for corporate clients.</li> </ul>	As per prescription	30 minutes.
<b>Discharge process</b>	<ul style="list-style-type: none"> <li>Discharge summary.</li> <li>Payment receipt.</li> <li>Clearance form</li> </ul>	As per Invoice.	4 Hours
<b>Farewell Home Services</b> <b>Body Clearance</b>	<ul style="list-style-type: none"> <li>Bill payment</li> <li>Identification documents for next of kin ( National ID card/Passport)</li> </ul>	<b>General</b> Body handling fee- 4700 plus 470 per day <b>Private</b> 14,000 within 10 days (package) thereafter, 1,000 per day	1 Hour
<b>Payment of the suppliers</b>	<ul style="list-style-type: none"> <li>Invoice</li> <li>Delivery note</li> <li>A copy of LPO</li> <li>Bank details</li> </ul>	FREE	90 days
<b>Refund</b>	<ul style="list-style-type: none"> <li>Bank details</li> <li>Original receipt</li> <li>Copy of National ID/Passport</li> <li>Mobile number</li> </ul>	FREE	<ul style="list-style-type: none"> <li>10 days after NHIF reimbursement</li> <li>Inpatient- 2 days</li> <li>Outpatient-1 day</li> </ul>
<b>Customer feedback</b>	<ul style="list-style-type: none"> <li>Compliments/Complaints</li> </ul>	FREE	<ul style="list-style-type: none"> <li>Acknowledgement: 3 working days</li> <li>Resolution- 14 working days</li> </ul>

**MODE OF PAYMENT** - Through NHIF / Mpesa/Debit or Credit Card/ Bank Transfer / Other accepted Health Care Insurances  
 - For NHIF get reference number within 24 hours of admission.  
 Specialized Services: Critical Care Unit & Emergency Ward, Renal services (Dialysis & kidney transplants), Endoscopy services, Open heart surgeries

- Notes**
- These charges apply to East Africa Community Citizens. Non-East African Community citizens shall pay double the charges.
  - This charter excludes charges for KNH General Services
  - Private implies clients with request forms from private doctors and other health facilities.
  - Kindly visit the relevant service delivery points for further guidance on specific services and costs
  - Waiting time: the entire duration taken to complete the process of providing the service required by a client.
  - Where applicable, adult emergencies shall be addressed as per the need at hand and in accordance with user fee manual

**Abbreviations**  
 CT- Computerized Tomography  
 MRI-Magnetic Resonance Imaging

**Feedback Channels:**  
 Inform the team leader or fill the customer feedback register at the service point.  
 Contact Marketing and communications office or Tel: +254 773 381862, Toll free 1521.  
 Email: info-mmuh@knh.or.ke, Website: www.knh.or.ke  
 Facebook: Mama Margaret Uhuru Hospital (with KNH official logo as the profile picture)  
 The Chief Executive Officer (as a last option) through: +254 722 955 526/1/2 Ext. 44037, Email: knhadmin@knh.or.ke , Website: www.knh.or.ke  
 Clients have the right of appeal to the Commission and Administrative justice (CAJ), P.o Box 20414-00200, Nairobi, Tel: +254-20-2270000/2303000, Email: complain@ombudsman.go.ke

\*Terms and Conditions apply.

Approved.....  
 Dr. Caroline Robai  
 Ag. Director  
 Mama Margaret Uhuru Hospital -KNH Annex