



Administered by

METHEALTH NAMIBIA
ADMINISTRATORS

Methealth Office Park • Maerua • Windhoek • Namibia
 ☒ 24792 ☎ (061) 2876092/3 ☎ (061) 2876091

**ADDITIONAL HOSPITAL BENEFIT COVER
CLAIM SUBMISSION FORM**

VERY IMPORTANT: Claim must be submitted within 4 months from the date of service.

COMPLETE IN CAPITAL LETTERS

PRINCIPAL MEMBER DETAILS:

FULL NAME	
MEMBERSHIP NUMBER	
DATE OF BIRTH	
POSTAL ADDRESS	
TELEPHONE NO. (Work)	
TELEPHONE NO. (Home)	

PATIENT DETAILS:

FULL NAME	
DATE OF BIRTH	

CLAIM DETAILS: (Please attach claim to this form)

NAME OF DOCTOR	
PRACTICE NUMBER	
DATE OF SERVICE	

Note: If you are submitting more than one claim, please use back page for more details.

HOSPITALISATION DETAILS:

NAME OF HOSPITAL	
DATE ADMITTED	
DATE DISCHARGED	

MEMBER/PATIENT SIGNATURE: _____ DATE: _____

(For Office Use Only)

CLAIM RECEIVED BY: <i>(PRINT NAME & SIGNATURE)</i>	
DATE RECEIVED:	

CLAIM DETAILS: (Please attach claim to this form)

NAME OF DOCTOR	
PRACTICE NUMBER	
DATE OF SERVICE	

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