

BANKMED GUIDELINES ON THE APPROVAL OF THE EXTENSION OF BENEFIT FOR PSYCHOLOGY

GENERAL GUIDELINES:

The following guidelines will be used on the approval of extension of benefit for Psychology:

1. Extension of benefit will only be considered if the relevant information and documentation required as indicated on the **Pre-authorisation Form for Extension of Benefit** are supplied;
2. The pre-authorisation form must be filled in by the service provider and contain the following important information:
 - a) an agreed upon counselling period (Start Date and Completion Date);
 - b) Total cost of treatment/session;
 - c) Cost payable by the fund;
 - d) Cost payable by the member;
 - e) Signature of the psychologist, member and the fund representative as proof of agreement of such extension of benefit.
3. All request for extension of benefit will be referred to the Ex Gratia Committee;
4. Condition/diagnosis that is related to fund exclusion will not be considered. For example: attempted suicide;
5. No extension of benefit will be considered for condition/diagnosis that can be claimed from the third party. For example: MVA , Injury on Duty;
6. No extension of benefit will be considered for Bankmed Care option;
7. Members/dependants who have utilized their overall Auxiliary benefit limit per family will not be considered for extension of benefit;
8. Ex Gratia will not be considered for member portion e.g. member portion of the benefit booster and member portion of the approved extended benefit.
9. No extension of benefit will be considered for services under Psychometry Tariff Schedule as specified in the NAMAf Guidelines for 2009.

**PRE-AUTHORISATION FORM FOR EXTENSION OF BENEFIT
(PSYCHOLOGY)**

1. MEMBERSHIP DETAILS:

MEMBERSHIP NUMBER: _____

MAIN MEMBER NAME & SURNAME: _____

MAIN MEMBER DOB: _____

PATIENT NAME & SURNAME: _____

PATIENT DOB: _____

2. SERVICE PROVIDER DETAILS:

PRACTICE NAME: _____

PRACTICE NUMBER: _____

3. PATIENT TREATMENT DETAILS:

DIAGNOSIS: _____

REFERRED BY MEDICAL PRACTITIONER?

 Yes

 No

(If referred, please attach referral letter)

PROGRESS REPORT & MOTIVATION:

(Please attach progress report & motivation)

TREATMENT PLAN:

Ongoing Case

New Case:

Tariff Code	No. of Sessions/Treatment	Cost per Session/treatment (NAMAF Tariff)	Total Cost (NAMAF Tariff)	Sessions/Treatment Completion Date
TOTAL COST OF TREATMENT (From the 1st session to the last session)				

 SERVICE PROVIDER NAME & SIGNATURE

 DATE

FOR OFFICIAL USE ONLY:

1. TOTAL STANDARD BENEFIT:

STANDARD BENEFIT: N\$ _____

BENEFIT BOOSTER: N\$ _____

(Only 70% of the NAMAFA tariff is paid, 30% payable by the member)

TOTAL BENEFIT (STANDARD BENEFIT + BENEFIT BOOSTER):N\$ _____

2. TOTAL ADDITIONAL BENEFIT:

TOTAL COST OF TREATMENT (NAMAFA TARIFF): N\$ _____

LESS

TOTAL BENEFIT (STANDARD BENEFIT + BENEFIT BOOSTER): N\$ _____

ADDITIONAL BENEFIT APPLIED: N\$ _____

ADDITIONAL BENEFIT APPROVED: N\$ _____

MEMBER'S PORTION (Approximate Only): N\$ _____
(Including 30% member portion of the Benefit Booster)

COMMENT:

APPROVED BY:

NAME & SIGNATURE

DATE

Please fax or e-mail form and relevant documentation to:

Fax No. (061) 287 6176

E-mail: mhc@methealth.com.na

Important:

The extended benefit will be paid from the member's Auxiliary benefit limit while the benefit is available. If the member used up the Auxiliary benefit for other services, the approved extended benefit will no longer be valid and the claim must be paid by the member. Please inform member accordingly.