

NMC 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. No extension of benefit will be considered for membership exclusion related condition/diagnosis (exclusion placed on member/dependant upon entry to the fund);
2. Condition/diagnosis that is related to fund exclusion will not be considered. For example: attempted suicide;
3. No extension of benefit will be considered for condition/diagnosis that can be claimed from the third party. For example: MVA , Injury on Duty;
4. No extension of benefit will be considered for Power Plus, Protector Health and Essential Plus options;
5. Extension of benefit consideration applicable only to Sapphire, Ruby and Diamond options;
6. Members/dependants who have utilized their overall Auxiliary benefit limit per beneficiary and/or per family will not be considered for extension of benefit;
7. Additional 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.
8. Maximum of 90% of the requested additional benefit will be considered;
9. Ex Gratia will not be considered for member portion e.g. member portion of the benefit booster and member portion of the approved additional benefit;
10. If the member was referred by a medical practitioner, the referral letter must be attached to the application for extension benefit;
11. 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 consultation to the last counseling 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\$ _____

(Maximum of 90% of additional benefit applied)

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 / dependant's Auxiliary benefit limit while the benefit is available. If the member / dependant 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.