



APPLICATION FOR TRAVEL & ACCOMMODATION REIMBURSEMENT

(Compulsory Pre-authorisation by Managed Health Care Dept)

AUTHORISATION NO

DETAILS OF PATIENT

DATE OF BIRTH

TITLE INITIALS SURNAME

DETAILS OF PRINCIPAL MEMBER

MEMBERSHIP NUMBER DATE OF BIRTH

TITLE INITIALS SURNAME

DEPARTURE DATE: <input type="text"/>	DESTINATION: FROM: <input type="text"/> TO: <input type="text"/>	RETURNING DATE: <input type="text"/>	DESTINATION: FROM: <input type="text"/> TO: <input type="text"/>
---	--	---	--

DETAILS OF DOCTOR OR MEDICAL INSTITUTION TO BE REFERRED TO

(Please mark all relevant blocks)

INITIALS SURNAME

PRACTICE NUMBER

CONFIRMATION OF APPOINTMENT YES NO

SIGNATURE AND STAMP _____

DATE

FOR OFFICE USE ONLY

AIR TICKET/BUS TICKET / PETROL SLIPS / TRAIN TICKET

<input type="text"/>	X 80%	= N\$
----------------------	-------	-------

TOTAL KM TRAVELLED <input type="text"/>	x N\$ 1.20	= N\$	x 80 %	= N\$
---	------------	-------	--------	-------

(THE ABOVE FORMULA IS A GUIDELINE IN COMPARISON WITH PETROL SLIPS SUBMITTED)
Travelling cost will be paid at 80% of the total petrol costs or the cost according to formula used by Methealth Namibia Administrators, whichever is the lesser amount.

ACCOMMODATION @ N\$ 350 (Not applicable within the Borders of Namibia)	Days: <input type="text"/>	= N\$
---	----------------------------	-------

AMOUNT APPROVED

TRAVEL	N\$
ACCOMODATIONN	N\$

APPROVED/ NOT APPROVED BY: _____ DATE: _____
MANAGED HEALTH CARE

ALL ORIGINAL PETROL SLIPS, BUS OR AIR TICKETS MUST BE ATTACHED TO THIS FORM