BANKMED NAMIBIA
EST 1990

Administered by
METHEALTH NAMIBIA
ADMINISTRATORS

WINDHOEK
97203
(061) 2876175
(061) 2876172
Fax (061) 2876176

Maerua Park
Windhoek
Namibia

PRE-NOTIFICATION FORM FOR HOSPITALISATION

1. PARTICULARS OF PATIENT

Surname: Initials:

First Name:

Postal Address:

Date of Birth: D D M M Y Y Y Y Sex: M F Relationship to Principal Member:

Telephone No: Fax No.:

Medical Aid Membership No:

2. PARTICULARS OF PRINCIPAL MEMBER

Surname: Initials:

First Name: Date of Birth: D D M M Y Y Y Y

3. PARTICULARS OF MEDICAL PRACTITIONER

Surname: Initials:

Practice No.:

Postal Address:

Telephone No: Fax No.:

4. PARTICULARS OF HOSPITAL

Name: Initials:

Practice No.: Contact Person:

Postal Address:

Telephone No: Fax No.:

5. PATIENT DETAILS

Medical Diagnosis:

Planned Procedure:

Admission Date: D D M M Y Y Y Y Admission Time: Estimated Days: Estimated Cost:

6. REGISTRATION (For Official Use Only)

Confirmation No.: Date: D D M M Y Y Y Y Time:

Signature:

Comments: