

METHEALTH NAMIBIA
ADMINISTRATORS



CLAIM SUBMISSION: COVER SHEET

FUND:

(Mark 'X' in the appropriate box)

NMC PO BOX 24792 WINDHOEK		BANKMED PO BOX 97203 WINDHOEK		PSEMAS PRIVATE BAG 12045 AUSSPANPLATZ, WINDHOEK	
--	--	--	--	--	--

MEANS OF SUBMISSION:

(Mark 'X' in the appropriate box)

ON-LINE, REAL-TIME		EDI		MANUAL	
--------------------	--	-----	--	--------	--

FIRST SUBMISSION	YES	NO
------------------	-----	----

RESUBMISSION	YES	NO
--------------	-----	----

CLAIMS DETAILS:

DATE SUBMITTED	
BATCH NUMBER	
TOTAL CLAIMS ATTACHED	
CLAIM TOTAL AMOUNT	

SERVICE PROVIDER DETAILS:

PRACTICE NAME		SERVICE PROVIDER STAMP
PRACTICE NUMBER		
CONTACT PERSON		
TELEPHONE NO.		

(For Office Use Only)

CLAIMS RECEIVED BY: (PRINT NAME & SIGNATURE)	
--	--