

**Account Details** (To be completed in block letters)

Hospital / Doctor Number:	
Hospital / Doctor Name:	
Postal Address:	
Hospital / Doctor Physical Address:	
E-mail Address:	
Surname:	
First Name(s):	
Title:	
Work Phone:	(      )
Fax:	(      )
Cell Number:	
Installation will occur within 7 days from confirmed receipt of form.	

**For Office Use Only**

Submitted By:	
Login:	
Password:	
Comments:	

**Minimum System Requirements**

- Windows / Linux / MacOSX
- Supported Browsers: Internet Explorer / Mozilla Firefox / Safari – Latest Versions
- Broadband Internet Connection (ADSL/4G/3G)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send to: **Information Systems Department**

**METHEALTH NAMIBIA ADMINISTRATORS**

**Fax:** (+264 61) 287 6024

**Tel:** (+264 61) 287 6000

**E-mail:** isadmin@methealth.com.na

**INDEMNITY CLAUSE**

No responsibility can be accepted by **Methealth Namibia Administrators (Pty) Ltd** for outstanding Hospital Pre-Authorizations that have not been registered at the time of access to the internet.

**Methealth Namibia Administrators (Pty) Ltd** regularly upgrades this site so as to ensure that the information supplied is as correct and accurate as possible. Notwithstanding the updates and/or contents of the site, **Methealth Namibia Administrators (Pty) Ltd** does not accept any responsibility for the information contained as this site, whether directly or indirectly by means of links to other pages or sites. Consequently **Methealth Namibia Administrators (Pty) Ltd** shall not be liable in any delay, failure, breakdown, damage, in transmission, loss of data or programs, storage or delivery of information from any cause whatsoever arising. In no event will **Methealth Namibia Administrators (Pty) Ltd** be liable to any third party using this site for loss of profits or for incidental, special or consequential damaged arising out of or in connection with this site or the information contained therein.