



APPLICATION FOR TRAVEL & ACCOMMODATION REIMBURSEMENT
(Compulsory Pre-authorization by Managed Health Care Dept.)

Authorization No.

DETAILS OF PATIENT

Date of Birth Title Initials
Surname

DETAILS OF PRINCIPAL MEMBER

Membership No. Date of Birth
Option Title Initials
Surname
Departure Date Destination: From To
Returning Date Destination: From To

DETAILS OF DOCTOR OR MEDICAL INSTITUTION TO BE REFERRED TO
(Please mark all relevant blocks)

Surname Initials
Practice Number
Confirmation of Appointment Yes ☐ No ☐

Signature

Date

COMPANY STAMP

For Office Use Only

Air Ticket/Bus Ticket/Train Ticket (Original ticket to be attached to this form)

<input type="text"/>	X 70%	= N\$
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Member Using Own Car (Petrol station Tax Invoice required)

Total km travelled	<input type="text"/>	X N\$4.00	= N\$	X 70 %	= N\$
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(THE ABOVE FORMULA IS A GUIDELINE IN COMPARISON WITH PETROL SLIPS SUBMITTED)

Travelling costs will be paid at 70% of the costs according to formula used by Methealth Namibia Administrators subject to presentation of petrol station Tax Invoice containing the member's name and surname, date, the vehicle registration number, the total liters and total cost.

Accommodation @ N\$ 600 (max. 2 days) (Not applicable within the borders of Namibia)	Days: <input type="text"/>	= N\$
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Amount Approved

Travel N\$
Accommodation N\$

Approved/Not Approved by: Managed Health Care Date