Return to:

Hospital Managed Care Department Namibia Medical Care Fax: 061 287 6176

Enquiries:

Tel.: 061 287 6173 / 287 6174



Namibia Medical Care P.O. Box 24792, Windhoek, Namibia Tel: 061 287 6173 / 287 6174 Fax: 061 287 6176

PRE-AUTHORISATION FORM FOR HOSPITALISATION

1. PARTICULARS OF PATIENT																																
Surname																										lni	itials	, [$\overline{\perp}$	\Box		
First Name																																
Postal Address																																
Date of Birth	D	D	M	M	Υ	Υ	Υ	Y] {	Sex	M	F	Relationship to Principal Member																			
Telephone No.															Fax No.																	
Medical Aid Membership No			No.																													
2. PARTICULARS OF PRINCIPAL MEMBER																																
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First Name																																
Date of Birth	D	D	M	M	Υ	Υ	Υ	′ Y																								
2 DADTICIII AD	3. PARTICULARS OF MEDICAL PRACTITIONER																															
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4. PARTICULAR	4. PARTICULARS OF HOSPITAL																															
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Practice No.								H						T	T		Contact Person															
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5. PATIENT DET	AILS	6																														
Medical diagnosi	nosis														Comorbidities																	
Planned Procedu	re _																															
Admission Date	Admission Date D D M M Y Y Y Y Admission Time													Estimated Days										_	Estimated Cost							
6. REGISTRATIO	ON (I	FOR	? OF	FIC	IAL	US	E C	NLY)																							
Confirmation No.											Date)	D	M	M	Υ	Υ	Υ	Υ		Tir	me _.									_
Signature														_																		
Comments																																