



APPLICATION FOR TRAVEL & ACCOMMODATION REIMBURSEMENT

(Compulsory Pre-authorisation by Managed Health Care Dept.)

Authorisation 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 _____

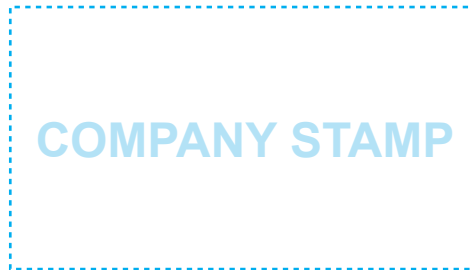
DETAILS OF DOCTOR OR MEDICAL INSTITUTION TO BE REFERRED TO

(Please mark all relevant blocks)

Surname Initials
Practice Number
Confirmation of Appointment Yes No

Signature _____

Date _____



For Office Use Only

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

<input type="text"/>	X 80%	= N\$
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Member Using Own Car (Petrol slips required)

Total km travelled	<input type="text"/>	X N\$3.50	= N\$	X 80 %	= N\$
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(THE ABOVE FORMULA IS A GUIDELINE IN COMPARISON WITH PETROL SLIPS SUBMITTED)

Travelling costs will be paid at 80% of the total petrol costs or the cost according to formula used by Methealth Namibia Administrators, whichever is the lesser amount.

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 _____