



APPLICATION FOR TRAVEL & ACCOMMODATION REIMBURSEMENT

(Compulsory Pre-authorisation by Managed Health Care Dept or PSEMAS Medical Advisor)

AUTHORISATION NO

DETAILS OF PATIENT

DATE OF BIRTH

TITLE INITIALS SURNAME

DETAILS OF PRINCIPAL MEMBER

MEMBERSHIP NUMBER DATE OF BIRTH

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)

INITIALS SURNAME

PRACTICE NUMBER

CONFIRMATION OF APPOINTMENT YES NO

SIGNATURE _____

DATE

STAMP



FOR OFFICE USE ONLY

AIR TICKET/BUS TICKET /TRAIN TICKET (Original ticket to be attached to this form)

N\$	X 95%	= N\$
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MEMBER USING OWN CAR (Original Petrol slips to be attached to this form)

TOTAL KM TRAVELLED AS PER MHC GUIDELINE (ROUND TRIP)		x N\$ 2.60	= N\$
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(THE ABOVE FORMULA IS A GUIDELINE IN COMPARISON WITH PETROL SLIPS SUBMITTED)
Travelling cost will be paid at 100% of the total petrol costs or the cost according to above formula used by Methealth Namibia Administrators, whichever is the lesser amount.

ACCOMMODATION (Original invoice and receipt from a registered Bed & Breakfast to be attached to this form)

ACCOMMODATION @ N\$ 600 (Max 3 days) (Outside the Borders of Namibia) Or ACCOMMODATION @ N\$ 450 (Max 3 days) (Within the Borders of Namibia)	Days:	= N\$
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AMOUNT APPROVED

TRAVEL	N\$
ACCOMMODATION	N\$

APPROVED/ NOT APPROVED BY:

MANAGED HEALTH CARE/
PSEMAS MEDICAL ADVISOR

DATE: