REPUBLIC OF NAMIBIA



Pubic Service Employees Medical Aid Scheme

Administered by



Maerua Park . Windhoek . Namibia

WINDHOEK T: (061) 374150 F: (061) 271222 SANLAM CENTRE

T: (061) 2947207

SWAKOPMUND T: (064) 462948 F: (064) 462984

WALVIS BAY T: (064) 200563 (064) 200253 LÜDERITZ

ROSH PINAH

OSHAKATI

F: (064) 200376

T: (063) 203525 F: (063) 203561

T: (063) 274901 F: (063) 274902

T: (065) 220774 F: (065) 220779

P/Bag: 12045 Ausspannplatz (MAIN BRANCH)

Date:

MEMBER CLAIM FORM																	
Initials and Surname of Member																	
Address of Member:																	
Identity Number:																	
Medical Aid Number:																	
Salary Number:																	
Ministry where employed:																	

Date of Birth Date of of Patient Service		Service Supplier Name	Practice No. BHF/NAMAF	Treatment Code	Amount N\$ c		
I hereby certify t	that:-			TOTAL			

I hereby certify that:-

- 1. The above services were rendered to me/my dependents;
- 2. The above information is correct; and
- 3. I or my dependents have not received any compensation from any source whatsoever for the above treatment.

Member Signature:

NOTE:

The specified accounts and receipts of the practice must accompany this claim.