

**CONDITIONS FOR DIRECT PAYMENT OF THE ADDITIONAL HOSPITAL
BENEFIT COVER 2010:**

1. The service provider agrees to charge up to and limited to 225% of NAMAFA Tariff, the calculation of which would be:

NAMAFA Tariff 2010 + 125%
2. By agreeing to the above AHB Cover calculation, **no split billing** or **no additional cost** should be borne by the member.
3. In the event of the service provider charging any excess of the agreed AHB Cover Tariff to the member, Namibia Medical Care reserves the rights to discontinue direct payment to that service provider.
4. Payment of the Additional Hospital Benefit Cover benefit is subject to:
 - Pre-authorisation;
 - Namibia Medical Care's rules and regulations; and
 - Member's available benefit.
5. The direct payment of the Additional Hospital Benefit Cover is effective from the date of system change as set by Methealth Namibia Administrators until 31/12/2010.
6. The member will be paid **directly** for any AHB claims incurred **before** the effective date of the application.

SIGNATURE OF SERVICE PROVIDER

DATE

Pages 1 and 2 of the application can be:

- Faxed to (061) 250395
- Posted to P.O. Box 24792 Windhoek
- Hand delivered to Service Provider Help Desk, Methealth Office park, Maerua Mall, Windhoek
- Hand delivered to any of Methealth Namibia Administrators' branch offices

FOR OFFICE USE ONLY:

APPLICATION APPROVED: Y N

DATE OF SYSTEM CHANGE TO PAY SERVICE
PROVIDER DIRECTLY:

DATE CONFIRMED WITH SERVICE PROVIDER: