Claim Submission
Cover Sheet

METHEALTH NAMIBIA
ADMINISTRATORS

FUND:
(Mark 'X' in the appropriate box)

NMC		BANKMED		PSEMAS	

MEANS OF SUBMISSION:
(Mark 'X' in the appropriate box)

MEDISWITCH		EDI		MANUAL	

FIRST SUBMISSION	YES	NO	RESUBMISSION	YES	NO

CLAIM DETAILS:

DATE SUBMITTED	
BATCH NUMBER	
TOTAL CLAIMS ATTACHED	
CLAIM TOTAL AMOUNT	
SERVICE DATE FROM	
SERVICE DATE TO	

SERVICE PROVIDER DETAILS:

PRACTICE NAME		
PRACTICE NUMBER		SERVICE PROVIDER STAMP
CONTACT PERSON		
TELEPHONE NO.		

(For Office Use Only)

CLAIMS RECEIVED BY: (PRINT NAME AND SIGNATURE)	