



We're about you

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Reg No: MOHSS 0003

Application to review claims

Please note:

In order for the administrator to deliver efficient service to you, please complete all information as required. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

Member Details

Member name	<input type="text"/>		
Member surname	<input type="text"/>		
Title	<input type="text"/>	Initial <input type="text"/>	Main member Y / N <input type="text"/>
Contact no	<input type="text"/>	Email <input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	Passport no	<input type="text"/>
Date of birth	<input type="text"/>	Gender M/F	<input type="text"/>
Membership no	<input type="text"/>	Dep No <input type="text"/>	Option <input type="text"/>

Additional contact information

Relationship	<input type="text"/>		
Name	<input type="text"/>	Surname	<input type="text"/>
Contact no	<input type="text"/>	Email	<input type="text"/>

Main member details (If applicant is a dependant)

Member name	<input type="text"/>	Member surname	<input type="text"/>
Title	<input type="text"/>	Initial	<input type="text"/>
Contact no	<input type="text"/>	Email	<input type="text"/>
Nationality	<input type="text"/>	Passport no	<input type="text"/>
Date of birth	<input type="text"/>	Gender M/F	<input type="text"/>
Chronic medication	<input type="text"/>		

Hospital information

Name of hospital	<input type="text"/>	Hospital practice number	<input type="text"/>
Email	<input type="text"/>	Date of admission	<input type="text" value="DD / MM / YYYY"/>
Diagnosis	<input type="text"/>	ICD 10 codes	<input type="text"/>
Procedure	<input type="text"/>	Procedure codes	<input type="text"/>
Date of theatre	<input type="text" value="DD / MM / YYYY"/>		
Reason for review	<input type="text"/>		

Service providers

Admitting doctor

Practice number Telephone number

Email Date of service

Tariff codes Cost (N\$)

Reason for review

Anaesthetist

Practice number Telephone number

Email Date of service

Tariff codes Cost (N\$)

Reason for review

Surgeon

Practice number Telephone number

Email Date of service

Tariff codes Cost (N\$)

Reason for review

Physiotherapist

Practice number Telephone number

Email Date of service

Tariff codes Cost (N\$)

Reason for review

Admitting doctor (Secondary / Other)

Practice number Telephone number

Email Date of service

Tariff codes Cost (N\$)

Reason for review