



We're about you

## Travel assistance claim

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fax 061 230 465  
email members@nhp.com.na  
website www.nhp.com.na  
Erf 1319, Grove Street  
Kleine Kuppe, Windhoek  
PO Box 23064, Windhoek, Namibia  
Reg No: MOHSS 003

### For office use only

**Please note** All claim payments and expenses should be signed off by your Senior Manager. This includes all member payments, travel claims, international travel claims, stationary, maintenance expenses etc. All payments exceeding N\$60,000 should be signed off by the Fund Manager. Please ensure that all documentation is correct and your Senior Manager has signed off in order to avoid delay in payments.

### Finance

- Query call log number
- Flight ticket
- Completed claim form
- Referral letter from healthcare provider to a specialist
- Applicable tax invoices and original fuel slips
- Confirmation of appointment
- Banking details drawn from Nexus

Managed Care \_\_\_\_\_

Date

Finance \_\_\_\_\_

Date



## Prerequisites for completion and processing

**Please note** In order for the administrator to deliver efficient service to you, it is imperative that all sections of this application form to be completed in full. Failing this may cause delay in the processing of the application.

1. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary. All sections must be completed.
2. All claim payments to members will be verified for any outstanding contributions. No advance payments are made.
3. Travelling costs for specific medical treatment not available in Namibia exclude transportation to and from the airport, business, first class or chartered flights and accommodation for the accompanying guardian.

## Your checklist

**Please note** In order to avoid delays in the processing of this application form, please use this checklist to make sure that you have attached a copy of everything we need.

- Pre-authorization number
- Original and copy of flight ticket (Air Namibia invoice is insufficient)
- Applicable tax invoices and original fuel slips when travelling by vehicle (please stipulate currency)
- Referral letter from healthcare provider to a specialist
- Confirmation of appointment
- International travel claim
- Exchange rate document same as travel claim

## Particulars of patient (must be completed)

Membership number	<input type="text"/>	Benefit option	<input type="text"/>	Dependant code	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>				
Tel (H)	<input type="text"/>	<input type="text"/>	Tel (W)	<input type="text"/>	<input type="text"/>
Cell	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>

## Particulars of principal member (must be completed)

Title	<input type="text"/>	Initials	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>				

## Travel details

Transport	Details of transport to be used for travel	Estimated km's for travel
<input type="checkbox"/>	Car <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Bus <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Air <input type="text"/>	<input type="text"/>

## Referral details

Referring specialist in Namibia	<input type="text"/>
Treating specialist in	<input type="checkbox"/> Namibia <input type="checkbox"/> South Africa
Departure date	<input type="text"/>
Return date	<input type="text"/>
Pre-authorization number	<input type="text"/>

## Acknowledgment and declaration

I warrant that the information I have provided pertaining to my request for travel assistance is true and correct. Should there be any non-disclosure or material misrepresentation, I understand that my request may be revoked and that I may liable for all costs pertaining to my travel assistance request.

I agree that all travel bookings will be made by NHP and that if there are any costs arising from cancellation and/or changes made, that these will become my sole responsibility.

\_\_\_\_\_  
Signature of principal member

Date

