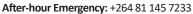
PRE-AUTHORISATION FORM

Tel: +264 83 299 9500

Hospital pre-authorisation: hpa@prosperitynam.com Hospital clinical updates: hcu@prosperitynam.com





| Section A - Particulars of Patient | | | | | | | | | | | | | | | | | |
|--|---|------------------|-------------|-----------------|--------|----------------|----|----------------------|--------------------------|-------------------------|--|--|---|---|--|--|--|
| Surname | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | |
| Date of Birth | | D | D | M | M | Υ | Y | Y | Υ | | | | | | | | |
| Gender | | | Male Female | | | | | | | , | | | | | | | |
| Section B - Partic | Section B - Particulars of Principal Member | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | |
| Medical Aid Fund / Scheme | | | | | | | | | | | | | | | | | |
| Section C - Particulars of Medical Practitioner | | | | | | | | | | | | | | | | | |
| Practice Name | | | Practio | Practice Number | | | | | | | | | | | | | |
| Physical Address | | | | | | | | | Telephone Number | | | | | | | | |
| Email Address | | | | | Fax Nu | ax Number | | | | | | | | | | | |
| Section D - Partic | ulars of Hos | pital | | | | | | | | | | | | | | | |
| Hospital Name | | | | | | | | | Hospital Practice Number | | | | | | | | |
| Email Address | | | | | | | | | Contact Person | | | | | | | | |
| Telephone Number | | | | | | | | | Fax Number | | | | | | | | |
| Section E - Partic | ulars of Trea | tmer | nt | | | | | | | | | | | | | | |
| Diagnosis / ICD10 Code | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Planned Procedure / | | | | | | | | | | | | | | | | | |
| CPT4 Code | | | | | | | | | | | | | | | | | |
| Admission Date | | | | | | Estimate Costs | | | | | | | | | | | |
| Signature | | | | | Date | Date | | | | | | | | | | | |
| MVA Injury Report | YES | NO | | | | | | MVA U | MVA Undertaking | | | | N | 0 | | | |
| Section F - Authorisation Confirmation (For Office Use Only) | | | | | | | | | | | | | | | | | |
| Status | Approved | Pending Declaine | | | | | ed | Authorisation Number | | | | | | | | | |
| Total Days Authorised | | 7 | | | | | | | | Total Amount Authorised | | | | | | | |
| Date From | | | Date To | Date To | | | | | | | | | | | | | |
| Comments / Reasons | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

