

PRE-AUTHORISATION FORM



Tel: +264 83 299 9500

Hospital pre-authorisation: hpa@prosperitynam.com

Hospital clinical updates: hcu@prosperitynam.com

After-hour Emergency: +264 81 145 7233

Section A - Particulars of Patient

Surname										
First Name										
Date of Birth	D	D	M	M	Y	Y	Y	Y		
Gender	Male				Female					

Section B - Particulars of Principal Member

Surname										
First Name										
Medical Aid Fund / Scheme										

Section C - Particulars of Medical Practitioner

Practice Name					Practice Number				
Physical Address					Telephone Number				
Email Address					Fax Number				

Section D - Particulars of Hospital

Hospital Name					Hospital Practice Number				
Email Address					Contact Person				
Telephone Number					Fax Number				

Section E - Particulars of Treatment

Diagnosis / ICD10 Code										
Planned Procedure / CPT4 Code										
Admission Date					Estimate Costs					
Signature					Date					
MVA Injury Report	YES		NO		MVA Undertaking	YES		NO		

Section F - Authorisation Confirmation (For Office Use Only)

Status	Approved		Pending		Declined		Authorisation Number			
Total Days Authorised					Total Amount Authorised					
Date From					Date To					
Comments / Reasons										

prosperity-2020