CHRONIC MEDICATION BENEFIT APPLICATION FORM

Tel.: +264 61 2999 000 • Fax: +264 61 222 161

Please Note: Only Fully Completed Forms will be processed

NAPOTEL

MEDICAL AID FUND

telecom namibia

Section A - Principal Member Details: (not the patient's details)

Surname: _____ Title: _____

First Names: _____ Membership Number: _____

Postal Address: _____

Telephone Number: Home: _____ Work: _____

Cell: _____

Section B - Patient's Details:

Surname: _____ Title: _____

First Names: _____

Date of birth: _____ Dependant code: _____

Tel: _____ Fax: _____

Section C - Patient Consent: (To be completed by patient)

I hereby give my written consent to the applicable treating doctor to state the diagnosis and details of my condition on the application form and that this information will remain confidential upon submission to the Medical Aid Fund.

Patient signature: _____ Date: _____

Section D - Pharmacy Details:

Pharmacy Name: _____ Practice No.: _____

Tel: _____ Fax: _____

Section E - Treating Medical Practitioner's Details:

Doctor's Initials and Surname: _____ Speciality: _____

Practice Number: _____

Telephone Number: _____ Fax Number: _____

Postal Address: _____

_____

Signature: _____

Date: _____

Practice Stamp

Administered by Prosperity Health

prime press 012014

Section F - Medication Details: (to be completed by attending Medical Practitioner)

Diagnosis / Chronic Conditions	Medicine and Strength	Dosage	Quantity	No. of Repeats

Section G - Where appropriate - Generic equivalents may be supplied:

(To be completed by attending Doctor) Yes ☐ No ☐

Section H - Special Requirements for Prescriptions: (only if the following meds/diagnosis are applicable)

Report / Tests Required	Tests Date / Results	Medication / Diagnosis
Bone Density Report		Fosamax, Evista, Miacalcic, Aredia, Deca-Durabolin
Total cholesterol Full Lipogram (>5)		Lipid Disorders
Gastroscopy + HP test result		Peptic ulcer disease + gastritis
Gastroscopy		GORD, Hiatus Hernia, Syndrome X

Patient's Particulars:

Age ☐ Does the patient smoke Yes ☐ No ☐

Mass (kg) ☐ Gender Male ☐ Female ☐

Family History (Applicable to condition)

Please note: Copies of all tests / reports must be attached to this Application Form