



Avenue Healthcare

Client Services Department

P.O. Box 45280 Nairobi 00100
Tel:(020) 3743028, 077 415 7775, 0728 093 056
services@avenuehealthcare.com

Attach one recent
passport size photo
of each member.

Please do not
staple or pin.

♦ Nairobi ♦ Mombasa ♦ Kisumu ♦ Thika ♦ Nakuru ♦ Eldoret

Membership Application Form

PERSONAL DETAILS (FILL IN BLOCK LETTERS)

Title				First Name				Middle Name				Surname			
Dr	Mr	Mrs	Ms												

Date of Birth:								Blood Group		Selected Medical Cover							
D	D	/	M	M	/	Y	E	A	R		+/-						

P.O. Box:				Town:				Postal Code:			
E-mail Address:						Home / Mobile Tel:					
Employer:						Occupation:					
Office Tel:				Fax:				Physical Location:			

Allergies:											
In case of an emergency, contact: (name)											
Relationship:						Tel / Mobile No:					

DETAILS OF COVERED DEPENDANTS

	First & Middle Names	Last Name	Date of Birth	Blood Group	Sex M/F	Choice of Cover
1						
2						
3						
4						
5						

Please read the Benefits and Exclusions on the back of this form

I confirm that I have read and understood the exclusions and benefits of the Avenue Managed Care Plans, and I agree to abide by all procedures and policies of AHC in the exercise of my or my dependant's benefits.

Signed: _____ Date: _____

FOR AHC OFFICIAL USE ONLY

Principal	AHC		Dep 3	AHC	
Dep 1	AHC		Dep 4	AHC	
Dep 2	AHC		Dep 5	AHC	

Avenue Healthcare

Schedule of Benefits

	Outpatient Card	Standard Card	Advantage Card	Privilege Card
Inpatient Limit	N/A	100,000	200,000	500,000
Personal Avenue Photo card	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to all Avenue Healthcare clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unlimited outpatient consultations, drugs and dressings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory tests	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays, CT Scans and Ultrasounds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist consultations / referrals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inpatient care at Avenue Hospital or other Avenue approved hospitals outside Nairobi		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
48 hour Emergency Admission to other hospitals.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Avenue Managed Care Maintenance Exclusions

AHC shall not accept for membership anyone who is over 65 years of age*, or cover anyone who has a malignant, neoplastic, renal (kidney), or cardiac disease. AHC shall not be responsible for the cost of treatment for chronic conditions (*conditions which require long term care or are incurable*) **or** pre-existing medical conditions (*conditions which originated before commencement of cover*), congenital and genetic disorders, HIV / AIDS or AIDS related disorders, drug and/or alcohol dependence, cosmetic surgery except for treatment of severe accidental disfigurement, the costs of scientifically unrecognised drugs and/or treatments, drugs not registered with the Ministry of Health, ante-natal care, obstetric or maternity care, non-emergency gynaecological surgery (e.g. fibroids, dysmenorrhoea etc.) family planning or infertility treatments, dental examinations and/or treatment except in the event of severe accidental damage, eye examinations and/or corrective lenses, chiropractors, Magnetic Resonance Imaging, treatment in an High Dependency or Intensive Care Unit, medical equipment, prosthetic devices, hearing aids, elective medical tests and treatments or admissions not associated with obvious ill health, home nursing care, or any other medical service and/or items not specifically mentioned.

AHC shall not be responsible for the costs of any admission, prescription, X-ray, laboratory test, or specialist consultation unless a written referral is first given by an AHC Doctor.

AHC shall not be responsible for the costs of any treatment or care other than that available at Avenue Hospital at the time of signing of this agreement except where specifically mentioned.

AHC shall not be responsible for the costs of transport including ambulance, evacuation or other transfers.

AHC shall not be responsible for the costs of admission to hospital except for accidents or accidental injury during the first sixty days of each membership.

**Members who are between 55 - 65 years of age may be required to undergo a medical examination by an Avenue Healthcare doctor, at the member's cost, prior to approval of their application.*