

Photo
Not
Available

Patient

30185

YOGESH ROHITASHWA KUMAR

784-1997-6437490-8

Repeat

28

Male

Indian

S

NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=29000)

Billing History (patient_accounts.aspx?patId=29000)

Appointment

Visit ID 56641

04-Jan-2025

Humaira - General - DHA-P-54155530

MRN Activities(Log)

Insurance Cards

EMID Card

Vitals Alert

This Patient has Vitals for Temp: 36.4°C, Pulse: 64bpm, BP: 142mmHg, Height: 164cm, Weight: 54kg, BMI 20.08(Obese), Blood Sugar



Start Time

Nurse Station

Doctor Evaluation

Orthopedic Case Assessment ▾

Diagnosis

Treatments/Procedures ▾

Packages

Prescription

Reimbursement Forms ▾

Documents

Progress Notes

Addendum

NGI Form

NGI Claim Form

Other Forms

Sick Leave

End Time

Visit Summary Sheet

Nabidh Clinical Docs

Audit Log

Radiology

Laboratory

Health Declaration

Signed Documents

Image Comparison



FORM NO ZH.:

REIMBURSEMENT FORM FOR OUT OF NETWORK TREATMENT

INSTRUCTIONS: Please read the following information carefully before filling the form

Please fill Section A of this form and request your doctor to fill up Section B.

Please attach the following supporting documents to your claim form:

- Original Itemized Bills / Invoices
- Original Payments Receipts / Credit Card Slips
- Original Prescriptions.
- Original Discharge Summary
- Copies of Laboratory and Radiology Reports
- Copies of Operative Notes and Histopathology Report in case of surgery
- Copy of Birth Certificate in case of Child Birth
- Copy of Pre-authorization Letter from Health Net
- Legal translation of all documents in case originals are in any language other than Arabic or English

Please send your claim within 90 days of your treatment date to Medical Claims Department at the following address: Na

Insurance Co., 5th Floor, NGI House, Port Saeed, Deira, P.O.Box 154, Dubai

If You have any difficulty filling this form, Please contact our Customer Service Desk during office hours(08:00 a.m to 05:00 p.m) Monday to Friday & Saturday) Telephone: +971 4 2115 800 or E-mail customerservice@ngiuae.com

Section - A: Policyholder's Details (to be completed by the insured)

1. HealthNet Policy / Card No:I019-010-116775830-01
2. Name of Policyholder: YOGESH ROHITASHWA KUMAR Date of Birth: 15-Jun-1997Sex:Male
3. Name of Employee (If different from Policyholder):.....
4. Patient's relationship to insured: ☒ Self ☐ Spouse ☐ Dependent ☐ Child
5. Contact Numbers:(Mobile) 0566134498 (Others).....
6. E-mail address:
7. Total Claimed Amount (in original currency):