Photo Not Available

Patient 47428 FAHEEM AKHTAR MUHAMMAD SAEED 784-1985-9703105-7 First Time 40 Male Pakistani M NGI - HN BASIC PLUS - NATIONAL GENERAL INSURANCE COMPANY - Default Scheme (99999)

Medical History (patient_history.aspx?patId=58467)

Billing History (patient_accounts.aspx?patId=58467)

Appointment Visit ID 64856 19-Jul-2025 Dr.Farhan Iyas - General - DHA-P-6441782

MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 93bpm, BP: 129mmHg, Height: 183cm, Weight: 85kg, BMI 25.38(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 | General Consent Forms | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

NGI
الشركة الوطنية للتأمينات العامة (ش.م.ع.)
NATIONAL GENERAL INSURANCE CO. (PSC)

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:

a. Original Itemized Bills / Invoices
b. Original Payments Receipts / Credit Card Slips
c. Original Prescriptions.
d. Original Discharge Summary
e. Copies of Laboratory and Radiology Reports
f. Copies of Operative Notes and Histopathology Report in case of surgery
g. Copy of Birth Certificate in case of Child Birth
h. Copy of Pre-authorization Letter from Health Net
i. Legal tranlsation 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 05:0
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:I038-000-112834073-01

2. Name of Policyholder: FAHEEM AKHTAR MUHAMMAD SAEED Date of Birth: 15-Sep-1985Sex:Male

3. Name of Employee (If different from Policyholder):.....

4. Patient's relationship to insured: (●) Self ( ) Spouse ( ) Dependent ( ) Child

5. Contact Numbers:(Mobile) 0552395414 (Others).....

6. E-mail address:

7. Total Claimed Amount (in original currency):