

Section B- To be filled in by the treating Doctor

1. Name of the patient	<input style="width: 100%;" type="text"/>		
2. How long you have been patient's doctor?	<input style="width: 100%;" type="text"/>		
3. On what date you were first consulted for the present medical condition?	<input style="width: 100%;" type="text"/>		
4. What is your diagnosis regarding injury/illness/medical condition?	<input style="width: 100%;" type="text"/>		
5. Please provide brief detail of Surgical, Gynaecological or Obstetrical procedure performed (if any)	<input style="width: 100%;" type="text"/>		
6. Please provide brief detail of treatment given or prescribed:	<input style="width: 100%;" type="text"/>		
7. Has the patient ever suffered from or been treated for the same or related medical condition? If yes please brief details with dates:	<input style="width: 100%;" type="text"/>		
8. In case of Maternity claim please state expected date of delivery:	<input style="width: 100%;" type="text"/>		
9. Is there a medical necessity for the Cesarian Section?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. if YES, please give specific reason:	<input style="width: 100%;" type="text"/>		
<p>I, hereby certify that my answers for the above questions are correct and true to the best of my knowledge and belief:</p>			
Name of the doctor:	<input style="width: 100%;" type="text"/>		
Address of the doctor:	<input style="width: 100%;" type="text"/>		
Phone number:	<input style="width: 100%;" type="text"/>		
Date	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>		Physician's Stamp

HOW TO GO ABOUT MAKING A CLAIM

EMERGENCY CASES:

In event of an Emergency the Patient can rush to any hospital whether it is on NJI-LIFE's PPN List or not. In case of NON-PPN Hospital, the charges incurred by the insured will be reimbursed provided that the total expenses falls within the limit provided to him/her. All Original Documents related to hospitalization, (Hospital Bill, Discharge Summary etc) along with duly filled In-Patient Claim Form should be sent to NJI-LIFE for reimbursement.

If the Hospital is on the PPN list of NJI-LIFE then the Insured can utilize his/her credit facility by producing HEALTH IDENTIFICATION CARD PROVIDED BY NJI-LIFE to its every client along with CNIC, or any other document for identification such as Driving License etc. Copy of the same will be retained by the hospital. All bills for hospitalization will be settled directly by NJI-LIFE as per terms and conditions of the policy. No cash payment would be required by the hospital except for the non-medical items such as Water

NON-EMERGENCY CASES:

While going for NON-EMERGENCY treatment e.g. Planned Surgeries or Hospitalization where treatment is to avail from PPN Hospital, the insured has to take prior approval from NJI-LIFE by filling PART A of the Claim Form and PART B duly filled by the treating doctor. The Claim Form along with supporting documents for hospitalization should be sent to NJI-LIFE for approval. The Credit Letter valid for 30 days, will be issued to the concern Hospital and the same will be sent to the Claimant. The claimant will present the Credit Letter at the time of hospitalization. All bills for Hospitalization will be settled directly by NJI-LIFE. No cash Payment would be required from the Patient except for non-medical items as water bottles, pampers etc. If the treatment is availed from NON-PPN Hospital, the charges incurred by the insured will be reimbursed, as per the policy terms and conditions. All Original Documents related to hospitalization (Hospital Bill, Discharge Summary etc) along with duly filled In-Patient Claim Form should be sent to NJI-LIFE for reimbursement.

PLEASE NOTE:

Incomplete Claim Forms would not be accepted for processing of claims.

All original documents (Hospital Bill, Hospital Discharge Summary, Payment receipts etc) should be attached with the claims. Photocopies are not acceptable.

Following NJI-LIFE Offices will be available on working days to assist you

KARACHI (HEADOFFICE)
74/1-A, LALAZAR, M.T.KHAN
ROAD, PO BOX 4895
KARACHI-74000, PAKISTAN
TEL: 021-5611071-75
FAX: 021-5611349, 021-5610959

LAHORE
16/2SIR AGAKHAN ROAD,
2nd Floor, KSB Building,
Lahore
TEL: 042-6308956-61, 042-6308964
FAX: 042-6308963

ISLAMABAD
B- DD-83 1st Floor,
Minhas Plaza, Shamsabad,
Murree Road, Rawalpindi.
Phones: 051-4575201-03
Fax: 051-4575209