



Niugini Assurance Group Limited  
 P.O. Box 736, Port Moresby, NCD,  
 PNGTel: 320 6000 | Fax: 320  
 6001Level 2, Cuthbertson Haus  
 www.niuginiinsurance.com.pg

**NAGL DIRECT BILLING PROCESS**

FOR NAGL MEMBERS WHO WISH TO ACCESS THE DIRECT BILLING SERVICE FOR THEMSELVES, SPOUSE OR DEPENDENTS, PLEASE ADHERE TO THESE BASIC IDENTIFICATION PROCESSES SO YOU CAN BE PROVIDED TREATMENT;

- PRESENT YOUR NAGL MEDICAL CARD ALONG WITH A PHOTO ID FOR VERIFICATION, ONLY WORK ID'S, DRIVERS LICENSE AND NID WILL BE ACCPTED.
- AFTER VERIFICATION OF THE MEMBER, THE SERVICE PROVIDER WILL CHECK THE LISITNG PROVIDED TO THEM BY NAGL TO LOCATE THE MEMBER AND OR SPOUSE/DEPENDENTS.
- UPON CONFIRMATION, THE MEMBER WILL BE GIVEN THE NAGL TREATMENT FORM TO COMPLETE AND TAKE WITH HIM TO TRIAGE, CONSULTATION AND ACCOUNTS FOR PAYMENT OF EXCESS.

SEE BELOW - NAGL TREATMENT FORM

- PLEASE NOTE THAT MEMBERS ARE TO COMPLETE ONLY SECTION 1 OF THE FORM SHOWN BELOW.
- ONE FORM IS TO BE COMPLETED PER PATIENT.



**NIUGINI ASSURANCE GROUP HEALTHCARE TREATMENT FORM**

*(One form to be competed per patient)*

Section 1. Member Information <i>(please print)</i>					
Last Name	First Name	Company	Medicard no.		
Patient Information <i>(please print)</i>					
First Name	Last Name	Date of Birth	Reason you sought treatment for (symptoms)	Relationship to member	Date of Visit