

Reimbursement Claim Form (Wire Transfer)



Please read the instructions and guidelines on page 2 before filling the form.

Section 1, 2 and 4 to be filled by the cardholder only and Section 3 to be filled by the treating doctor.

1. Card Holder's Information				
Card Holder's Name: * (Exactly as printed on the card)			Daman Card No. :* *	
Member E-mail Address: *			Mobile No. :* *	
Member Address:				
2. Claims Payment				
Wire Transfer (Please provide your bank account details):				
Note: Daman does not impose any additional fees on all payment transactions related to claim reimbursements. Charges may only be applicable based on the internal policies and procedures of the respective bank.				
Principal Beneficiary Name *	Bank Name *		Swift Code (For International Transfers)	
IBAN*				
3. Medical Information (To be filled by treating Doctor for all outpatient treatment. For cases like hospitalization, procedures, surgeries-detailed Medical report is required)				
Medical History/ Chief Complaints:			Visit Date:	
Diagnosis: Is the above case work related? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please specify: _____				
Treatment Details:				
I declare that I have attended to this patient and that the particulars given are true and correct to the best of my knowledge.				
Name & Signature of the Doctor: _____			Date: _____ Stamp: _____	
4. Claim Information (Refer to Appendix A. - General Instructions)				
Reason for not using Daman's network of medical services providers (Kindly indicate)				
<input type="checkbox"/> Emergency <input type="checkbox"/> Family Doctor <input type="checkbox"/> Personal Choice <input type="checkbox"/> Service Not Available Elsewhere <input type="checkbox"/> On Vacation/Business Trip Outside UAE				
<input type="checkbox"/> Others; Please specify: _____				
Name & Address of the Hospital / Clinic	Bill No.	Treatment Date	Description of Services	Amount
Currency (If treatment availed outside UAE): _____				
Total: _____				
5. Declaration				
I, the undersigned, declare that the information above is correct and that the reimbursement requested is for the expenses paid by me for the treatment of my covered condition. I hereby authorize any Doctor, Hospital, Clinic or Medical Provider; any Insurance Company or any Company, Institution or any other person who has any record or information about me and/ or any of my family members to provide National Health Insurance Company - Daman with the complete information including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other information required by Daman. I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from Daman is subject to penalization.				
Name	Signature	Date	Mobile No.	Relationship to the Card Holder

National Health Insurance Company - Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

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Appendix A: General Instructions

- In compliance with the instructions of the Health Authority- Abu Dhabi and UAE law, all information related to the Claim are strictly confidential and shall not be disclosed to any third party.**
- This form can be used for all types of medical plans and has to be completed by the insured member (Card holder), only if provider is not submitting the claim on his behalf.
- Use separate form for each Daman member.
- Please read the form carefully and make sure to complete all pertinent information.** Daman will not be able to process any incomplete Claim Reimbursement Form without complete documentation as listed below:

Essential Documents:	Original itemized bill / Invoices with date Original prescription for medication given by the treating doctor Investigation results / reports like laboratory tests, x-rays, etc. for procedures above AED 1,000.00
Additional Requirements For Inpatient (Hospitalization Cases):	Medical Report / Discharge Summary stamped & signed by the treating Doctor
Additional Requirements For Treatment availed outside the UAE:	Passport copy with the entry/exit stamp or any other proof must be provided.

Note: Please keep copies of receipts and documents enclosed with your claim as Daman will not return the original documents unless it is a case of total rejection.

- Payment Preference:**
 - All fields marked with (*) are mandatory and have to be provided by the member at the time of submission of the claim form. Daman will not be responsible for any incorrect information provided by you, especially in respect of incorrect bank information.
 - Swift code information is only necessary for international transfers
 - The wire transfer payment will be deposited into the principal account number
 - Wire Transfer payment fee is guaranteed paid by Daman; any amount charged as a result of this service need to be discussed by the member with his/her respective bank.
- All claims subject to reimbursement should be submitted to Daman from the last treatment dates as mentioned below:
 - Within **120 Days** in case for services taken inside and outside UAE for all Enhanced Plans
 - Within **180 Days** in case for services taken inside and outside the UAE for Premier Plan
 - Within **60 Days** in case for services taken inside UAE for Abu Dhabi card holders
 - Coverage outside UAE is limited to 90 days per treatment. A single holiday – or Business trip may not exceed 90 days.
- Please note that the claim might take an additional five working days if submitted in a language other than English and Arabic.
- To ensure efficient and prompt settlement of your claims, please submit all the above required documents directly to **Customer Support Desk** in any of Daman's Branches for convenience.

If you have any question or need assistance in filling this form,
Please call 800 4 32626 within the UAE or +971 2 6149555 Outside UAE