

Reimbursement Claim Form



Please read the instruction and guidelines as shown on the following pages before completing this form. Section 1, 2 and 4 below shall be filled by the card holder only and Section 3 shall be filled by the treating Doctor.

1. Card Holder's Information				
Name: (Exactly as printed on the card)		Daman Card No.:		
E-mail Address:		Mobile No.:		
Address:				
2. Claims Payment Preference				
<input type="checkbox"/> Wire Transfer (Please provide your bank account details):				
Beneficiary Name*	Bank Name*	Branch*	Account Number*	
Full Beneficiary Name*	Bank Address		Swift Code / IBAN*	
<input type="checkbox"/> Direct Cheque (Please specify the collection method):				
<input type="checkbox"/> I will personally collect the cheque from Daman's Branch (Please specify Daman's Branch location)				
<input type="checkbox"/> I will send someone to collect it on my behalf (Please specify the details and sign). In order to collect the cheque, the authorized individual specified below must bring a copy of his/her passport/ Emirates ID:				
I hereby authorize the National Health Insurance Company – Daman PJSC to release the cheque related to this Reimbursement Claim to Mr./Ms.: _____ on my behalf. I hereby discharge the National Health Insurance Company – Daman PJSC from any liability with respect of releasing the payment/cheque to the authorized person specified above.				
Signature: _____				
Date: _____				
3. Medical Information (To be filled by the treating doctor for all outpatient treatment. For cases like hospitalization, procedures and surgeries – a detailed Medical Report is required). Please ensure that this Reimbursement Claim Form is stamped by the treating Doctor and the hospital/clinic.				
Medical History/Chief Complaints:		Visit Date:		
Diagnosis:				
Is the above case related to a car accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify):				
Treatment Plan:				
I declare that I have attended to this patient and that the information given in this form is true and correct to the best of my knowledge. I acknowledge that I shall be held liable for any dishonest or fraudulent information discovered in this form.				
Name & Signature of the Doctor:		Date:	Stamp:	
Name of the hospital/clinic (If applicable)		Date:	Stamp:	
4. Claim Information (Refer to Appendix A – General Instruction)				
Reason for not using Daman's Network Providers:				
<input type="checkbox"/> Emergency <input type="checkbox"/> Family Doctor <input type="checkbox"/> Preferred Personal Choice <input type="checkbox"/> Service Not Available				
<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)	AED	Total:	
5. Declaration			
<p>I, the undersigned, declare that all information stated in this Reimbursement Claim Form is correct and that the reimbursement requested is for the expenses as paid by me for the treatment of my covered condition as stipulated above.</p> <p>I, the undersigned do hereby authorize the National health Insurance Company – Daman PJSC to have access to and take copies of my medical record from any Doctor, Hospital, Clinic or Medical Provider; any Insurance Company or any company, institution or any other person who has any record or information of about me in relation to any sickness or accident, any treatment, examination, advice or hospitalization or any other information stated in this Reimbursement Claim Form.</p> <p>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 investigation and shall be referred to the competent authorities in the UAE.</p>			
_____	_____	_____	_____
Name	Signature	Date	Mobile No.

			Relationship to the Card Holder

Instruction to fill the Reimbursement Claim Form

- 1 & 2. Please write your name & the thiqa card number as mentioned on the thiqa Card.
3. Please indicate the reason(s) for reimbursement.
4. *Provider Name and Address:* Kindly use more than one line to provide information on each facility where you were treated.

Bill No.: Please write the serial/reference number printed on the bill/ receipt/ invoice for each service separately.

Service Date: Kindly write the start date of treatment for each service against each bill.

Description of Service: Kindly mention the type of service received such as Consultation /Pharmacy / Investigations /Physiotherapy/Dental /Hospitalization.

Amount: Kindly mention the exact amount as it is shown on the invoices.

Total: Kindly mention the total amount of all the invoices submitted with this form for reimbursement from Daman.

Currency: Kindly mention the currency in which the actual payment was made in the event that the services were availed outside of the UAE in the event of an emergency.
5. Declaration – Kindly write your name, signature, date, the contact number and relationship to the cardholder (if applicable).

If you have any questions or need assistance in filling this Reimbursement Claim Form,
Please call 800 4 80 000 within UAE or +971 2 4184444 outside the UAE

Appendix A: General Instructions

1. This form can only be used **for the thiqa health plan**. This form needs to be completed by the Card holder / Card holder's father or mother or legal guardian (in the event that the Card holder is below the age of 18 or legally incapacitated).
2. In case of liability by another party e.g. other insurance company/company/individual etc, the Reimbursement Claim Form should not be submitted to Daman (thiqa).
3. **Please read the form carefully and make sure to complete all pertinent information.** Daman (thiqa) will not be able to process any incomplete Reimbursement Claim Form or any Form lacking proper documentation as listed below.
4. Please use a separate form for each thiqa Card holder. Other copies of this form can be downloaded from www.damanhealth.ae/thiqa or obtained from the **Claims Receiving Desk** at any of Daman's branches.
5. Please note that as per the thiqa Schedule of Benefits attached to your Policy, the reimbursement of the claim is only accepted in case of an *emergency*. Please see the definition of emergency below for you reference.

'Emergency': *The acute onset of a medical or surgical condition manifested by acute symptoms of sufficient severity, including pain, that the absence of immediate treatment at Health Facility could reasonably be expected to result in placing the patient's health or bodily functions in serious jeopardy or dysfunction of any body organ or part.*

6. **To expedite the processing of the claim, please submit the following documents along with your completed Reimbursement Claim Form:**
 - Copy of a valid "thiqa" Card;
 - Copy of personal ID Card (e.g. driving license, Emirates ID, passport copy);
 - Original dated invoices;
 - Original medical reports/discharge report signed by the treating Doctor;
 - A detailed medical report from the Hospital/ Clinic or Medical Provider specifying the condition;
 - Investigation results/reports, like laboratory tests, x-rays etc;
 - Copy of your passport showing the exit and entry stamps for cases that occurred outside of the UAE.
7. Please retain copies of receipts, medical reports and other documents enclosed within your Reimbursement Claim Form prior to submission, as Daman (thiqa) will not return the original documents.
8. Payment Preference:
 - Wire Transfer: All information marked with a star should be provided to make payment to the correct account.
 - Cheque: You can personally collect the cheque or authorize someone to collect it on your behalf. In the event that another individual is authorized on your behalf to collect the cheque please inform the individual to bring with him/her a copy of proof of identity such as a passport copy or Emirates ID.

9. Please note that the reimbursement of this claim might take an additional five (5) working days if submitted in a foreign language (other than English/Arabic).
10. All Reimbursement Claim Forms should be submitted to Daman (thiqa) within the timelines as mentioned below:
 - Within **60 Days** from the last treatment date, if emergency service is taken within UAE.
 - Within **90 Days** from the last treatment date, if emergency service is taken outside UAE.