Reimbursement Claim Form

قطر
Qatar

ضمان
Daman

Please read the instructions & guidelines on overleaf before filling the form

1. Card Holder's Name: (exactly as printed on the card)	**2. Daman Card No:**

3. Reason for not using Daman listed Healthcare facilities (kindly indicate)

☐ Emergency ☐ Family Doctor ☐ Preferred Personal Choice ☐ Service not availabe ☐ On vacation/business trip outside Qatar ☐ Other(s) please specify .....

4. Name & Address of the Hospital / Clinic	Bill No.	Treatment Date	Description of Services	Amount
(refer to instructions at the back)			(refer to instructions at the back)	
Currency (if treatment availed outside Qatar).....			**TOTAL**	

5. Declaration

I, the undersigned, declare that the information above is correct and that reimbursement requested is for expenses paid by me for the treatment of my covered condition**. And I hereby authorise Daman Health Insurance Qatar LLC to pay the eligible expenses directly to the policy holder and in local currency (QAR).**

أصرح,أنا الموقع أدناه بأن المعلومات أعلاه صحيحة وأن الاسترداد المطلوب هو لنفقات مدفوعة مني لعلاج حالتي المغطاة. وأنا أخول ضمان هيلث أنشورنس قطر ال ال سي بدفع النفقات المؤهلة مباشرة الى حامل الوثيقة وبالعملة المحلية (ريال قطري).

I hereby authorise any Doctor, Hospital, Clinic or Medical Provider, any Insurance Company or any other Company, Institution or any other person who has any record or information about me and / or any of my family members to provide Daman Health Insurance Qatar LLC with the complete information, including copies of their records with reference to any sickness or accident, any treatment, examination , advice or hospitalisation or any other information required by Daman Health Insurance QatarLLC.

أنا أخول أي طبيب أو مستشفى أو عيادة أو مزود لخدمات الرعايةالصحية,أو أي شركة تأمين أو أي شركةأو مؤسسةأخرى أو أي شخص يمتلك ملفات طبية أو معلومات عن الحالة الصحيةالخاصة بي أو بمن أعيل,وأعطيهم الحق بتقديمها كاملة لضمان هيلث أنشورنس قطر ال ال سي بالحصول على نسخ من الملفات الطبية فيما يخص أي مرض أو حادث أو علاج أو تحليل أو أقامة في المستشفى أو معلومات طبية قد تطلبها ضمان هيلث أنشورنس قطر ال ال سي

I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from Daman Health Insurance Qatar is subject to penalisation.

أنا أدرك بشكل كامل بأن أي شخص يقوم بتعمد إعطاء معلومات/وثائق خاطئة /مضللة للحصول على الاسترداد من ضمان هيلث أنشورنس قطر ال ال سي يخضع للمسائلة.

Name: ..... **Signature:** ..... **Date:** .....

Contact No: ..... **Relationship to the Card Holder** .....

6. Medical Information (**To** be filled by treating Doctor for all outpatient treatment. For cases like hospitalisation, procedures, surgeries-detailed Medical report is required.)

Medical History / Chief Complaints:	Diagnosis:
Treatment Details:	Visit Date:

I declare that I have attended to this patient and that the particulars given are best of my knowledge true and correct.

Name & Signature of the Doctor: ..... Date: ..... Stamp:

7.Employer's Section (To be attested by HR Dept / Insurance coordinator)

Is the above case work related? ☐ No ☐ Yes (Please Specify).....

Cheque payment is to be collected by : ☐ Employer ☐ Employee ☐ Other (Specify).....

Name & Signature: ..... Date: ..... Stamp: Ref. No.....

General Instructions

1. This form can be used for all types of medical plans. This form needs to be completed by the insured member (Card holder), only if the provider is not submitting the claim on his behalf.
In case of liability by another party e.g. other insurance company / company / individual etc, claim should not be submitted to Daman. (Please provide details)

2. **Please read the form carefully and make sure to complete all pertinent information.** Daman will not be able to process any incomplete Reimbursement Claim Form with lacking proper documentation. (Listed below)

3. Use a separate form for each Daman Member. A new form can be downloaded from www.damanhealth.com.qa or obtained from the **Human Resources of you organization.**

4. **For fast processing, please submit the following documents along with your duly filled Reimbursement Claim Form**.

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.

Additional requirements to above:

For Inpatient (Hospitalisation Cases)

- Medical Report / Discharge Summary stamped & signed by the treating Doctor.

For treatment availed outside Qatar

- Passport copy is not required but Daman reserves the right to ask the passport copies when required.

5. Please retain copies of receipts and documents enclosed with your claim, as Daman will not return the original documents.

6. All claims subject to reimbursement should be submitted to Daman within **120 days** from the last treatment date.

7. To ensure smoother & prompt settlement of your claims, please submit all the above required documents directly to the **Human Resources of you organization.**

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If you have any questions or need assistance in filling this form,
Please call: 800 help (4357) within Qatar or +974 40160338 Outside Qatar

Instructions to fill the Form

1&2. **Please write your name** & **Daman Card Number** as mentioned in the Daman Card.

3. **Please indicate the reason/ s** for not using Daman card in any of Daman listed healthcare facilities. This information is important in determining the coverage of your insurance policy.

4. **Provider Name & Address** – Kindly use more than one line if necessary to provide this information about each facility where you were treated.

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

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

Description of Services – Kindly mention type of service like Consultation /Pharmacy / Investigations / Physiotherapy/ Dental / Hospitalisation.

Amount – Kindly mention the exact amount as appears on the invoices.

Total – Total amount of all the invoices submitted with this form for reimbursement from Daman.

Currency – Name of the currency in which actual payment was made.

5. **Declaration** – Kindly write your name, signature, date, the contact number and relationship to the cardholder.

6. **Medical Information** – Request your treating doctor to fill up brief medical information about your condition and treatment.

7. **Employer Section** –Kindly indicate who will be authorised to collect the cheque for this reimbursement.