



# Member Guide

## Member Guide

Dear Member,

Welcome to the Daman's Member's Manual for National Health Insurance Company - Daman, the first and largest Specialized Health Insurance Company in the UAE.

The Daman's Member's Manual highlights the main features of your health insurance plan and provides useful information to the new member. Detailed information outlining what is covered in your membership plan and a complete list of health care providers is available for your easy reference.

We are pleased you have chosen Daman as your health insurance provider and we look forward to providing you with the products and services that help you achieve a healthy wellbeing.

Dr. Michael Bitzer  
CEO,  
National Health Insurance Company - Daman

## Introduction

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This booklet is designed specifically for Daman Insured Members who have chosen to avail benefits under the Daman "Abu Dhabi" Health Plan. We invite you to read this guide carefully since it provides essential information on how to use your health insurance plan.

In case you need any further assistance please contact Daman's call center on 800 4 DAMAN (32626).

### 1. When Are You Entitled To Your Health Insurance Benefits?

Once you join a Daman Insurance Scheme and you or your Employer has paid the respective premium you will be entitled to avail the benefits under the "Abu Dhabi" scheme as a Daman Member.

You will be enrolled under a valid Health Insurance Policy and will receive a valid Daman Card. The Daman Card shows the validity period of your health insurance scheme, some necessary personal information and also some coverage details.

Your Daman Card is a personal document which grants you free access at the corresponding Daman Provider Network. It is non-transferable to any other person.

### 2. Where Can You Obtain Your Health Insurance Benefits?

Daman has contracted with a wide network of public providers as well as some selected private providers in Abu Dhabi. The provider network shall ensure you an easy access to excellent medical treatment under the Daman "Abu Dhabi" insurance plan (after paying the deductible mentioned on your Daman card).

For the details of the participating providers of your network please refer to the Provider Directory. Please be aware that the network is subject to continuous change and upgrades by Daman, updated information can be found on Daman's website.

Whereas you will enjoy free access (after paying the deductible) in the Daman Network of participating providers for your Abu Dhabi Plan, coverage outside of this network will be restricted to emergency cases (life threatening) in the UAE only. For more detailed information please refer to the details of the Schedule of Benefits and Policy Wording of your respective health insurance plan.

### 3. How Can You Obtain Your Health Insurance Benefits?

As a Daman Member you are entitled to inpatient and/or outpatient benefits as outlined in the Schedule of Benefits and Policy Wording of your health insurance plan.

For receiving benefits under any Daman Health Insurance Scheme, you will need to present your Daman Health Insurance Card at the point of service, be it an in- or outpatient service. You are also requested to comply with certain administrative procedures. These procedures have been agreed upon with all providers of the Daman Network of participating providers, which provide inpatient and day-treatment health services under the Daman health insurance schemes.

Certain inpatient and outpatient services require Daman's pre-authorization. This review is mainly intended to help to support choices on suitable procedures and to avoid unnecessary hospital stays or surgery. As such, you get support in receiving maximum benefits from your health insurance plan. The procedure will be initiated by the medical provider.

During pre-authorization, Daman will only take decisions as to whether services are covered under your Daman Health Insurance Scheme(s). The fact that a Physician has performed or prescribed a procedure or treatment or the fact that it may be the only treatment available for a particular Injury, Sickness or Mental Illness does not mean that it is a Covered Health Service as defined in your Daman Health Insurance Policy.

In order to clarify whether specific services might need to be paid by yourself, please verify with the medical provider whether the planned services are covered under your Daman health insurance scheme.

#### 3.1 Outpatient Services

If you are eligible for receiving outpatient benefits as a Daman Member, please identify yourself as a Daman Insured Member before any required medical services are rendered by the medical provider.

Daman's pre-authorization is required for the following outpatient services:

- MRI, CT Scans & Endoscopies
- Physiotherapy
- Prescription Drugs above AED 500

Either before or after the treatment, you will be asked to settle co-payments according to the specifics of your respective health insurance plan. In addition, you will need to pay to the medical facility, upon receiving the treatment, all the medical expenses which are

not covered under your health insurance plan. The medical facility will provide you with the respective information.

After medical services have been rendered, please sign the medical expenses form which will be prepared by the provider before you leave. For minors, their guardian can sign the form.

### 3.2 Inpatient And Day-Treatment Services

For receiving inpatient and day-treatment benefits as a Daman Member, please identify yourself as a Daman Insured Member before any required medical services are rendered by the medical provider. Pre-authorization by Daman is required for any inpatient and day-treatment services. Any Emergency case (life threatening) does not require prior approval from Daman but has to be notified within 24 hours.

Where hospitalization or day-treatment is needed for non-emergency cases, the medical facility will inform Daman to pre-authorize the respective services before actual hospitalization occurs. Daman will notify the medical facility whether such services are covered under your Daman health insurance scheme and are subject to payment through Daman.

### 4. How To Reimburse Claims (Emergency - Out Of Abu Dhabi) ?

In case of Life Threatening Emergency and Treatment taken outside the Daman network of participating providers, you will need to payout of your own pocket for services rendered to you by a public or selected Private Provider. If such services are covered under your Daman health insurance plan you can apply for reimbursement through Daman.

The reimbursement claims should be reported to Daman within 60 days from the date of occurrence. Please note that Daman requires a minimum set of information in order to process your reimbursement claims. Properly documented claims will result in speeding up the claim's settlement time. The following supporting documents need to be submitted for each claim:

- Copy of Daman I.D.
- Copy of Personal I.D (Passport, Driving License etc.)
- Original Itemised invoices with date

- Medical Report/ Discharge Summary signed and stamped by the treating Doctor
- Original Drug Prescription with a detailed Pharmacy bill (itemised).
- Diagnostic (Lab/Radiology) investigation reports and invoices if any.

As per the policy terms and conditions, the reimbursement of properly documented claims will be settled within 2 weeks after the respective claim has been received by Daman. A cheque will be issued in the policy holder's name along with a detailed settlement report.

### 5. How Can You Contact Daman?

For more information please contact the Daman Customer Service Center anytime on our Toll Free Number: 800 4 DAMAN (32626).

The professional staff at Daman will be happy to provide you with specialized assistance services.

#### Mailing Address:

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