

Provider's Cash Collection Rectification Form

Provider's Name	
Service Date	
Member's Name	
Emirates ID Number /Insurance Card Number	
Policy Number	
Services Aailed (Procedure, Pharmacy, Laboratory and Radiology Diagnostic tests, Other Medical Services)	
Amount collected	
Reason/s for collecting cash from the member	<p>Please tick one of the options or supply the information required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service/Benefit is not covered as per the member's SOB/General Exclusions list <input type="checkbox"/> Service is not contracted in the facility <input type="checkbox"/> Service done by a non-network physician in the same network facility <input type="checkbox"/> Service is only covered on reimbursement as per the member's SOB <input type="checkbox"/> Member's card is not active in the system/ Member is not eligible as per Daman's eligibility system <input type="checkbox"/> Member has no identification card (EID)/Insurance ID <input type="checkbox"/> Member's preference not to wait for Authorization approval of the service/s <input type="checkbox"/> Member's preference not to wait in the queue so he/she could be prioritised <input type="checkbox"/> Member's request to avail the service/s despite not having any medical indication <p>If for other reasons not mentioned above, please specify:</p>
<p>Disclaimer: Final decision on the reimbursement of this claim shall be subject to evaluation based on policy terms and conditions.</p>	
Name in print with signature of provider's official representative	