Provider's Cash Collection Rectification Form

Provider's Name	
Service Date	
Member's Name	
Emirates ID Number /Insurance Card Number	
Policy Number	
Services Availed (Procedure, Pharmacy, Laboratory and Radiology Diagnostic tests, Other Medical Services)	
Amount collected	
Reason/s for collecting cash from the member	Please tick one of the options or supply the information required: ☐ Service/Benefit is not covered as per the member's SOB/General Exclusions list ☐ Service is not contracted in the facility ☐ Service done by a non-network physician in the same network facility ☐ Service is only covered on reimbursement as per the member's SOB ☐ Member's card is not active in the system/ Member is not eligible as per Daman's eligibility system ☐ Member has no identification card (EID)/Insurance ID ☐ Member's preference not to wait for Authorization approval of the service/s ☐ Member's preference not to wait in the queue so he/she could be prioritised ☐ Member's request to avail the service/s despite not having any medical indication If for other reasons not mentioned above, please specify:
Disclaimer: Final decision on the reimbursement of this claim shall be subject to evaluation based on policy terms and conditions.	
Name in print with signature of provider's official representative	