

Claims: Frequently Asked Questions (FAQS)

How do I submit a claim?

You can submit a claim through the Daman app or via your online account in the Daman website. Here you can also upload the documents relevant to your claim.

What are the basic document requirements for claim submission?

The basic documents required when you submit a claim include:

1. A final itemised invoice with a breakdown of medical services and the specific amount for each medical service availed. This is required for every claim submission, as it indicates each of the services you have taken, the date they were availed and the cost for each service.
2. A proof of payment, which can be a credit card receipt, or a hospital receipt (with a “paid” stamp). These act as a guarantee that the member has settled the cost for the services received.
3. A medical report containing a discharge summary is required for all hospital admissions and some out-patient services, such as therapy (e.g. physiotherapy, speech therapy, infertility services, rehabilitation, etc.).

If a hospitalisation involves a surgical procedure, it is essential to include supplementary documents such as operative notes and anaesthesia records. The medical report must detail the diagnosis and explain the necessity of the procedure, describing the associated signs and symptoms.

What additional documents may be requested, depending on the type of service?

You may be asked to provide additional documents depending on the nature of your claim. This could include a pharmacy prescription, police reports, a death certificate, a referral form, a visa copy, or an airline ticket.

When is a prescription required for reimbursement claims?

A prescription copy is required if you are submitting a claim for medications, optical services such as glasses and/or lenses, and medical appliance services.

What additional documents do I need to submit for my physiotherapy and rehabilitation claim?

In addition to the basic document requirements, you also need to submit a clinician referral (doctor's order), and a detailed medical report from the physiotherapist indicating the number of sessions undertaken as well as the objective of the treatment.

Are planned services reimbursable?

Planned treatment/services cannot be claimed in advance. Only performed services are reimbursed.

What is the maximum number of days allowed to submit a claim?

You must submit your reimbursement claim within 180 days of the date of service.

How can I submit a claim availed abroad? What documents do I need to submit?

You can submit your claim either through your Daman app or your online member account in the Daman website, along with the basic document requirements mentioned above. In addition, travel documents should also be submitted with the claim.

How do I resubmit a claim?

If your claim has been rejected or partially approved and you wish to resubmit your claim, you may use the “Resubmit Claims” option in the Daman mobile app or through your online account on the Daman website. Please ensure that you attach the necessary documents to support your claim.

I have an upgraded (UG) plan, how can I submit my claim and what are the services covered under the UG plan?

You can submit your claim under the upgraded plan (UG) by choosing the UG policy in the Daman app or website. Services covered under the UG plan are those not covered under your base plan. Please refer to the UG plan's schedule of benefits for more details on covered services.

Co-payments and deductibles are covered under the UG plan through direct billing from the provider only and are not payable on reimbursement.

How do I check the status of my claim?

You can check the status of your claim through the “My Claims” feature in the Daman mobile app or your online account.

How can I check if medical services or treatments are covered by my policy?

Your Schedule of Benefit (SOB) lists all the services and treatments you are covered for under your policy. You may view your SOB through the “Insurance Documents” feature in the Daman mobile app or online account.

How can I check if a provider is in my plan’s network?

You can view the list of providers in your plan’s network through the “Find Hospital” feature in the Daman mobile app. You may also search for your preferred provider within the UAE or abroad by clicking on “Find a Healthcare Provider” in the Quick Links on the Daman website. Alternatively, you can call Daman’s customer service centre at 600 5 32626 if you are in the UAE, or +971 2 6149555 if you are outside the UAE.”