



Reimbursement claims online



Your Health Insurance Specialists

Dear Member,

Online reimbursement of claims is really easy – simply visit www.damanhealth.ae on your iPad or laptop or home computer and submit claims online up to a value of AED 10,000.

To make it even easier for you, we don't ask you to submit original physical documents – all you have to do is upload scanned copies (if required) from the comfort of your home or office.

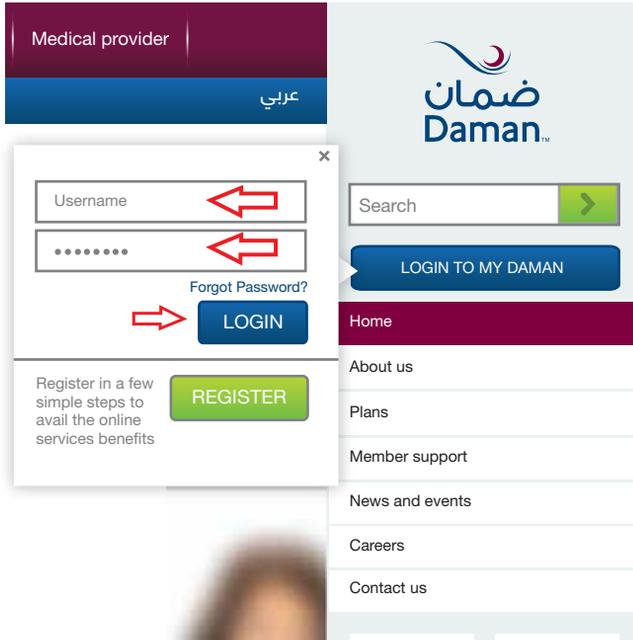
The reimbursement claims that you file online will be processed within just 5 days, and the claim amount transferred to your bank account. You can, of course, follow up the progress of your claim on the website any time.

To submit your claim online, please follow the instructions herein.

Sincerely yours
Daman Team

If you are not yet registered, click on the “Register” button and fill the information requested. After registering, a link will be automatically sent to your email address which you need to click for you to confirm your one time registration and to activate your online account.

1 Enter your username and password then click “LOGIN”



2. You will be directed to this page.
Click on “Reimbursement Claims” as shown below.

The screenshot shows the user interface of the My Daman website. At the top, there is a dark blue navigation bar with 'My Daman' and 'My Account' on the left, and 'Reimbursements Claims' and 'Network Claims' on the right. A red arrow points to the 'Reimbursements Claims' link. Below the navigation bar, the user is logged in as JOHN SMITH. The main content area is titled 'Welcome to my Daman' and includes a 'Policy Information' section with a table of details: Policy Holder Name (NATIONAL HEALTH INSURANCE CO-DAMAN), Policy Type (Group), Plan Type (Premier), and Policy Number (4312286). A 'List of members' section is also visible. On the right side, there is a sidebar with the Daman logo and a search bar, followed by a 'SIGN OUT' button and a list of navigation links: Home, About us, Plans, Member support, News and events, Careers, and Contact us.

3. On the “Reimbursement Claims”screen, click on the “Submit a New Claim” button.

The screenshot shows the 'Reimbursements Claims' page on the My Daman website. The navigation bar is the same as in the previous screenshot. The main content area is titled 'Reimbursements Claims' and features a green 'Submit a New Claim' button, which is highlighted with a red arrow. Below this button is a note: 'Please note that the Health Insurance Law restricts Principals from tracking claims of their Dependants who are above 18 years of age.' There is also a search section with the text 'Please enter the search criteria to search for specific records.' and several dropdown menus for Card Number, Policy Number, Member Name, Claim Submission Date, Claim Status, Product Name, and Claim Reference Number. The right sidebar is identical to the previous screenshot, showing the Daman logo, search bar, 'SIGN OUT' button, and navigation links.

4. Read the notice and click “Accept” at the bottom of the page.

My Daman My Account

Benefits Reimbursements Claims عربي

Reimbursements Claims

Notice

Important: Please note that reimbursement claims above AED 10,000 cannot be submitted through My Daman. Please submit all claims above AED 10,000 at your nearest Daman branch. [Click Here](#) to open the Branch Locator to find a Daman branch near you.

You will need to have clearly scanned copies of the following documents ready with you in order to submit your claim online.

Your itemized bill(s) for treatment

Your medical report(s) or diagnosis

Your prescription(s)

Additional documents that can support your claim(s), if any

If you do not have scanned copies, you can still submit your claim online but you will need to deliver the original documents to one of our branch offices along with a print out of your online claims reference number and your Daman card. In addition to English, members can also submit claims to us in the following languages: Dutch, French, Russian, Hindi, Urdu, Arabic and German.

From time to time, Daman may need to review the original documents for online claims therefore, please ensure that all these original documents are kept safely in your possession.

Daman reserves the right to reject any claim if the original documents are not available upon request.



Accept

Cancel

5. Fill the necessary details as specified in the fields below then click “Continue”.

My Damam | My Account

Benefits | Reimbursements Claims | عربي

1 Claim Information | 2 Settlement Details | 3 Document Submission | 4 Review and Submit

Claim to be submitted for * ←

Card Number 2325588

Mobile Number * (E.g., 971507900000) ←

Bill Details | Additional Details

(All fields marked (*) are mandatory) + Add another Bill

1. Bill

Name of Medical Facility * ←

Country of Medical Facility * ←

Medical Service Start Date * ←

Medical Service End Date * ←

Note: In case of Outpatient service availed both medical service start date and end date will be same

Amount * Value ← Currency ←
(E.g. 123455)

← Cancel

ضمان Damam

Search

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 URAC ACCREDITED

6. This next screen will prompt you to select from the drop down lists and radio buttons. Select accordingly and click “Continue”.

The screenshot shows the 'Reimbursements Claims' form on the Damam website. The form is titled 'Additional Details' and contains the following fields and options:

- Bill Details** / **Additional Details** tabs
- Enter a brief description of your Treatment (or) Chief complaint** (All Field marked (*) are mandatory):
 - Dropdown menu: Dental
- Reason for choosing the Reimbursement mode ***:
 - Dropdown menu: Preferred Family Choice
- Preferred Mode of Settlement ***:
 - Bank Transfer
 - Cheque By Post
- Please note:**
 - All compensation will be made in AED only.
 - Conversion rate of the claims processing date will be used for compensation.
 - Customer would be the sole bearer for any charges against the bank transfer transaction.
 - All payments are made against Principal's name only.
- Submission of Documents *** (with a help icon):
 - Online
 - At a Branch

At the bottom of the form, there are three buttons: '<< Back', 'Continue', and 'Cancel'. A 'Save & Exit' button is also present on the right side of the form area.

On the right side of the page, there is a sidebar with the Damam logo, a search bar, a 'SIGN OUT' button, and a list of navigation links: Home, About us, Plans, Member support, News and events, Careers, and Contact us. At the bottom of the sidebar, there is a 'Self Service' button, a 'Customize / View All' button, and a 'URAC ACCREDITED' logo.

Red arrows point to the following elements:

- The 'Dental' dropdown menu.
- The 'Preferred Family Choice' dropdown menu.
- The 'Bank Transfer' radio button.
- The 'Online' radio button under 'Submission of Documents'.
- The 'Continue' button.

7. Enter your bank details as per the fields allotted below then click “Continue”.

*Take note of your claim reference no. which appears on this screen. Just in case you need to save your submission as a draft until the next time you log in, you can click “save and exit”. This reference no. will be available only within the next 7 days for your next log in and shall reappear once you have concluded your claim submission. It shall expire after 7 days if left in “draft” state. You will then need to click the “Submit a New Claim” button to generate a new claim reference number.

My Damam My Account

Benefits Reimbursements Claims Network Claims عربي

Claim Reference Number: CL-ON-00_131200721

1 Claim Information 2 Settlement Details 3 Document Submission 4 Review and Submit

Settlement Details

The Settlement amount would be transferred to the account as mentioned below. Please confirm the account details before you proceed to the next step (All Field marked (*) are mandatory)

Preferred Mode of Settlement Bank Transfer

Bank Location * UAE Local Banks Banks Outside UAE

Beneficiary Name * JOHN SMITH

IBAN * AE200260001234567811

Bank Name EMIRATES BANK INTERN

Bank Account Number 0001234567811234

Swift Code ?

Full Beneficiary Address

Bank Address Bank Address

E-mail * john.smith@gmail.com

<< Back Continue Save & Exit

Home About us Plans Member support News and events Careers Contact us

Find a medical provider Premium calculator Get a quote Myra/Khata Complaint Self Service Customer F View All

UAE ACCREDITED

8. This next screen will prompt you on the next step and the type of documents you need to upload. Click the “Upload Documents” button.

My Daman My Account

Benefits Reimbursements Claims Network Claims عربي

Document Submission

Select the documents from your computer and upload them as mentioned.

Bill	Medical Facility's Name	Amount	Currency	File Name	Size (KB)
Bill 1 *	Gulf Diagnostics	200.00	UAE Dirham (UAE)		

Document Name	File Name	Size (KB)
Medical Report		
Prescription		
Additional Documents		

[Upload Documents](#) 

<< Back Continue Save & Exit

10. This screen will show you an overview of your uploaded documents.
 Click “Upload Documents” to get back to the pop up screen which will allow you to either remove, replace or upload more documents. Otherwise, click the “Continue” button to proceed to the next step.

My Daman
My Account

Benefits
Reimbursements Claims
Network Claims
عربي

Document Submission

Select the documents from your computer and upload them as mentioned.

Bill	Medical Facility's Name	Amount	Currency	File Name	Size (KB)
Bill 1 *	Gulf Diagnostics	200.00	UAE Dirham (UAE)	ONLINE_CLAIMS_DEMO.png	168

Document Name	File Name	Size (KB)
Medical Report	ONLINE_CLAIMS_DEMO.png	168
Prescription	ONLINE_CLAIMS_DEMO.png	168
Additional Documents	ONLINE_CLAIMS_DEMO.png	168

Upload Documents
←
Click to upload more documents

<< Back
Continue
←
Click to proceed to the next step
Save & Exit

11. After you finish uploading your documents, read the terms and conditions and tick on the “I agree” box then click “Submit”.

Submission of Documents Edit

Document Name	File Name	Size (KB)
Bill Copy 1	ONLINE_CLAIMS_DEMO.png	168
Medical Report	ONLINE_CLAIMS_DEMO.png	168
Prescription	ONLINE_CLAIMS_DEMO.png	168
Additional Documents	ONLINE_CLAIMS_DEMO.png	168

Terms & Conditions

I, declare that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. And I hereby authorize Daman to pay the eligible expenses directly to the principal in the local currency (AED).

I, hereby authorize 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

I agree that I have read and understood the above Terms and Conditions

<< Back Submit Save & Exit

12. Your reference number for your submitted claim will appear as shown below as well as the response time. You will be receiving an email shortly to confirm receipt of your claim.

My Daman My Account

Benefits Reimbursements Claims عربي

Logged in as JOHN SMITH

Submit a Claim Print

Thank you for submitting your claim online.

Your Claim Reference Number is: CL-ON-00-131200721.

One of our representatives will contact you within the next 15 working days.

For any enquiries regarding this request, please quote the above reference number.

Regards,
Online Services
National Health Insurance Company - Daman

Back to My Daman

13. Track the status of your claim

My Daman
My Account

Benefits
Reimbursements Claims
Network Claims
عربي

Review and Submit

Review and Submit

Please review all the information before it is finally submitted Print

Claim Information Edit

Member Name	Card Number	Mobile Number
ASMA AHMED ALHAMMADI	4794790	

(+ Expand All)

Bill Details x

Settlement Details v

Submission of Documents v

Terms & Conditions

I, declare that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. And I hereby authorize Daman to pay the eligible expenses directly to the principal in the local currency (AED).

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I agree that I have read and understood the above Terms and Conditions

<< Back
Submit
Save & Exit

➤

SIGN OUT

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Get a Quote

Missed/Abuse Complaint

Self Service

Customer I View All

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Back to Home
عربي

➤

LOGIN TO MY DAMAN

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Track the status of your endorsements and claims Back to Quick Links

Choose a tracking service * Endorsements Claims

Enter Your Reference Number(s)

Track up to 10 numbers at a time. Separate by a comma (,)

Enter the characters from the image on the right. Characters are case-sensitive *

Track

www.damanhealth.ae
800 4 DAMAN (32626)