Reimbursement Claim Form

ضمان Daman

1. Daman Member Details and Contact Information

Name:* Sutlana Pakhuz
(Exactly as on the Daman card)

Daman Card No:									Mobile No.:* 552503266

Emirates ID (EID):* 784-1999-3260905-2

E-mail Address:*

2. Claims Payment Details

Wire Transfer *(Please provide the bank account details to which Daman should transfer the money for this reimbursement claim.)*

Beneficiary Name:	
Bank Name:	Branch, Bank Address:
Account Number:	Swift Code Number (For International Transfers)
IBAN: - - - - -	

I authorise the National Health Insurance Company – Daman PJSC ("Daman") to make a wire transfer payment against this Reimbursement Claim Form and hereby discharge Daman from any liability with respect of releasing the payment to the bank details as specified by me hereinabove.

3. Medical Information

Visit Date: 26-9-24

Reason for visit/Chief Complaints: Stained teeth

Diagnosis: K05.10

Treatment Details: D1110 [Oral Prophylaxis]

Currency (If treatment is availed outside UAE): | Total Amount Paid: 350 Aed.

4. Checklist – please check that you have included all of the following as required: *(Failure to provide the required below documents may result in rejection or delay in the processing of your claim).*

☐ Invoices/bills with a breakdown of each medical service and its unit cost. It must show a confirmation of payment or a corresponding receipt.

☐ Complete Medical Report/ discharge summary or a precise identification of the illness (diagnosis) or description of the symptoms by the doctor

☐ Prescription(s) for medications and medical appliances

5. Terms & Conditions/Authorisation

☐ I agree to the **Terms and Conditions** herein (refer to the terms and conditions in page 2)

☐ I hereby authorise Mr. /Ms. /Company..... to receive medical information related to this claim from Daman on my behalf.

Name of Daman member/ Legal Guardian/ Legal Representative	Signature	Date

Dr. Pearl Pinto
General Dentist
DENTISTREE DHA-04205785-003
DENTISTREE DENTAL CLINIC

National Health Insurance Company – Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

DENTISTREE DENTAL CLINIC

TAX INVOICE

Reg TRN No : 100529934000003
Facility Name : DentisTree Dental Clinic
Address : P.O.Box 23581, Ground floor, Shop 3, Wasl Port Views 8, Al Mina Road, Jumeirah 1, Dubai
042529935 / 045641764

Invoice No	:	INV-1C008347	**Invoice Date**	:	26-09-2024
Doctor	:	Pearl Pinto	**Department**	:	Dental
Patient Name	:	Svitlana Halahuz	**MRN #**	:	1364
Age / Gender	:	24Y - 10M - 11D / Female	**Type**	:	Cash
Visit Date	:	26-09-2024	**Inv. Time**	:	12:42:57

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D1110 .	prophylaxis - adult		350.00	1	350.00	0.00	0	0.0000	350.00

Gross Amount (in AED)	**350.00**
Discount (in AED)	**0.00**
Net Amount (in AED)	**350.00**
Tax on 5%(in AED)	**0.00**
Total Amount(in AED)	**350.00**
Paid (in AED) **(Credit Card)**	**350.00**
Balance (in AED)	**0.00**
Advance Balance (in AED)	**0.00**

Prepared By Gayle

Patient Signature

Kindly note that this automated and uniquely dated invoice is payable on this visit before leaving the Center deposit will be automatically deducted upon settlement.

DENTISTREE DENTAL CLINIC

RECEIPT VOUCHER (No.REC-1008243) Date:26-09-2024

:eive from Mr./Mrs./M/s. **1364 - Svitlana Halahuz**

The sum of Dhs. **Three Hundred Fifty Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **350.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: **26-09-2024**

Being

Made by **Gayle**

NEOPAY
powered by mashreq

DENTISTREE DENTAL CLINIC
PORT RASHID
DUBAI
POS ID: 0131136 MID: 001000110690
DATE: 26/09/24 TIME: 12:40:54
SALE
VISA(Contactless)
410887******7250
EXP: XX/XX
PAN SEQ No : 00
BATCH NO: 731 RECEIPT No :012359
RRN: 001777189008
AMOUNT: AED 350.00
PLEASE DEBIT MY ACCOUNT
NO SIGN REQUIRED FOR CONTACTLESS TXN
APPROVAL CODE: 223943
AID: A0000000031010
LABEL: VISA CREDIT
TVR: 0000000000 TSI: 0000
ACI E0F5578B56230576 CID: 80
THANK YOU
COME AGAIN
<<CUSTOMER COPY>>
APP VERSION:1.80