

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.

I, hereby authorise 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 of my family members to provide the National Health Insurance Company - Daman with the complete information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalisation or any other information required by Daman.

I hereby declare that the information submitted to Daman is true and correct to the best of my knowledge. I am aware that any person who intentionally makes any false and/or misleading statements to obtain reimbursement from Daman shall be subject to fine and/or imprisonment in accordance with the UAE laws.

I am fully aware that in case I am not satisfied with the settlement of my Reimbursement Amount, I must contact Daman within 180 days from the date of receiving payment notification/rejection letter.

I agree that upon payment of the Reimbursement Amount, I shall transfer the ownership of my original documents to Daman and shall have no future claim against Daman with respect to these documents.

I also undertake that no claims will be made by any person or entity from Daman in future in relation to the aforesaid reimbursement claim. I undertake that in the event of any claim in future by any person to Daman for the Reimbursement Amount, Daman shall have no liability in this regard. I hereby indemnify and hold harmless, Daman and its directors, officers, employees, agents, representatives, assigns and successors from any direct or indirect costs, losses or expenses arising as a result of or in connection with the Reimbursement Amount or my reimbursement claim.

Notice:

We encourage you to **provide all the above required information** and any other **relevant documents** that support your claim, such as travel documents (for international reimbursement claim), diagnostic test and lab test results, etc.

Documents should be provided in **English or Arabic**. We will do our best to accommodate other languages, however you may be asked to provide translated documents by a professional.

All reimbursement claims have to be submitted **within 180 days** from the invoice date.

Please use our [Daman mobile application](#) or [Daman's website](#) to submit your future claims.

If you have any questions or need help completing the claim form, please contact us on:

Customerinfo@damanhealth.ae

600 5 32626 within the UAE or +971 2 6149555 outside UAE.

www.damanhealth.ae