## A. How to submit a "invoice (s) payment" Request?

- 1. Access the link (https://www.damanhealth.ae/en)
- 2. Click on the "Sign in"
- 3. Register screen will display enter your
  - a. Username
  - b. Password
- 4. Click (Sign in)

1	Sign in	Search Q عربي	ضمان Daman
	Your username		
1	PASSWORD Your password	ealth plans m sy lusive plans for Duba	ade
	SIGN IN	CLICK TO BUY YOUR PL	AN TODAY!
1	Forgot your password?	Using your insurance	Get active get healthy
-	REGISTER NOW		
Tris	i o o a lot fro oarre	you	

Welcome to Daman, your leading health insurance specialist in the UAE. Since 2006, we have been striving to make the UAE a healthier, happier community.





- 5. "MY Daman" page will displayed user will able to see :
  - Policy Holder Details
  - Select policy:
    - Policy Number
    - Plan Name
    - Some document ( Benefits , Exclusion List & policy wording
- 6. Click "Policy Endorsement" if you need to add, edit, or cancel members and/or make changes to your policy.

≣ Menu	<b>&amp;</b> 800 432626	Search	٩	عربي	ضمان Daman
Welcome to My Daman				Logged in as DAMA L	N   💄 My Account   Թ Logoi ast Login: Jan 23, 2019 10:16:38 Al
					Payment Cart 🃜 0
Policy Holder Details				Select Policy	
Policy Holder Name DAMAN	Custom 30728	ner Number Po 877 G	olicy Type roup	Policy Number 9235662	~
Number of Active Members 7	Policy Po	Effective Date Po /2019 00	olicy Expiry Date 5/01/2020	Plan Name	
Please click on Policy Endor: members and/or make chan	sement to add, edit, or cancel ges to your policy.	POLICY	ENDORSEMENT	Benefits Exclusion Li	st 🖹 Policy Wording
7 LIST OF MEMBERS	INV	DICES	APPLICATION ST	TATUS	
Invoices					
Due Invoice(s) AED 40,093.80	u can filter invoices/credit me	mos using below criter	ia.		C Refresh
	voice Number	Policy Number	Customer Num	Invoice I DD/M	Date M/YYYY





- 7. User will able to view :
  - List of members
  - Invoices
  - Application Status
- 8. Click "Invoices" bottom :
- 9. Invoices screen will displayed you will able to see :
  - Invoice Number
  - Policy Number
  - Plan type
  - Customer Number
  - Invoice Date
  - Invoice Amount
  - Received Amount
  - Remaining Amount

## Tip: will able to Export to Excel

7 LIST OF MEMBER	35		INVOICES			APPLICATION STA	TUS			
Invoices										
Due Invoice(s) AED 40,093.80	You can f	filter invoices/cre	dit memos us	ing below crit	eria.					C Refresh
	Invoice N	umber	Policy	Number		Customer Numb	er	Invoice DD/N	Date IM/YYYY	
	Showing 1 t	to 5 of 7 records							x E	xport to Excel
	Select	11 Invoice Number	Policy 11 Number	↓. Plan Type	Customer⊔↑ Number	11 Invoice Date	Invoice Amount (AED) ↓↑	Received Amount (AED) ↓↑	Remaining Amount (AED) 1	
		<u>7089447</u>	9235751	Enhanced	3072937	06/01/2019	-6,561.20	0	-6,561.20	
		<u>7089448</u> 🕗	9235751	Enhanced	3072937	31/01/2019	-5,633.77	0	-5,633.77	
		7089469	9235662	Enhanced	3072877	06/01/2019	15,542.63	0	15,542.63	
		<u>7089470</u> 🕗	9234791	Enhanced	3072248	02/01/2019	6,646.52	0	6,646.52	
		<u>7089479</u> 🔕	9235751	Enhanced	3072937	06/01/2019	6,561.20	0	6,561.20	
	Show 5	✓ records						Previo	ous 1	2 Next
	Selecto	ed invoices count :	0						Grand Total in	AED : 0.00



**Invoice Payment** 

**User Guide** 

- 10. The end of the invoice page will show you to how many records you have.
- 11. Also user able to choose the number of the page (the previous or next page
- 12. select the any invoice to see the :
  - Selected invoices count
  - Grand Total
- 13. When you select one of invoice "Proceed to cart" button will displayed

*Tip: will not able to select more than one invoice if it not related to the same customer number .* 

Due Invoice can be adjusted against credit invoice amount .

now 5 🗸 records	Previous 1 2 Next
Selected invoices count : 1	Grand Total in AED : 9,313.52
	PROCEED TO CART

14. Press the "Proceed to cart" button" Payment Cart " will displayed.

			involce bate	Policy Number	Number	Number	Ô
6646.52	Invoice	08/01/2019	02/01/2019	9234791	3072248	7089470	<u>ت</u>
9313.52	Invoice	10/01/2019	02/01/2019	9234791	3072248	7089575	Ō
Gra							
9313.52 Gra	Invoice	10/01/2019	02/01/2019	9234791	3072248	d n	7089575



**Invoice Payment** 

**User Guide** 

15. " Payment Cart "page will show you the mode of payment way

• Pay Online

- Wire Transfer
- Select which way preferred to pay then it will show the process of the payment .
- 17. If selected "Pay Online" and checked declaration.
- 18. Then click "pay online" button to proceed

-	Invoice	Customer			Invoice Due	Transaction	Invoice	Received	Remaining
	Number	Number	Policy Number	Invoice Date	Date	Туре	Amount (AED)	Amount (AED)	Amount (AED
Ū	7089470	3072248	9234791	02/01/2019	08/01/2019	Invoice	6646.52	0.0	6646.52
Î	7089575	3072248	9234791	02/01/2019	10/01/2019	Invoice	9313.52	0.0	9313.52
							Gra	nd Total in AED	15,960.04
i <u>deci</u>	lare that the info	mation contained	i in this submission i	is accurate and o	orrect, and agree t	o all policy docume	nts of the plan.		
							C	LOSE	PAY ONLINE
). S	Select F	low wo	ould you	like to	pay ?		C	CLOSE	PAY ONLINE
). S	Select H /isa	low wo	ould you	like to	pay ?		C	CLOSE	
). S ). V L. N	Select H /isa ⁄laster	How wo card	ould you	like to	pay ?		C	LOSE	
9.5 ).V L.N	Select H /isa ⁄laster	How wo card	ould you	details will be sent net Gateway Servi hant	pay ?	y The MasterCard lisclosed to the		COSE	
9. S ). V L. N	Select H /isa ⁄laster	How wo card	aster Card Gateway Service	details will be sent net Gateway Servi hant	pay ?	y The MasterCard lisclosed to the TEST MODE		COSE	
9. S ). V L. N	Select H /isa ⁄laster	How wo card	aster caro Gateway Service hant name: Dama How woul	details will be sent net Gateway Servi hant an Test Merch d you like to relicking on the cat	pay ? to and processed b ice and will not be of pay?	y The MasterCard lisclosed to the TEST MODE		BLOSE	PAY ONLINE
9. S ). V L. N	Select H /isa 1aster	How wo card	aster care Gateway Service hant name Currely using SSL+ by	details will be sent net Gateway Servi hant an Test Merch d you like to r clicking on the car	pay ? to and processed b ice and will not be of pay? rd logo below:	y The MasterCard isclosed to the TEST MODE		BLOSE	PAY ONLINE
9. S ). V L. N	Select H /isa 1aster	How wo card	astercare Gateway Service hant name: Dame Wow woul ecurely using SSL+ by	details will be sent net Gateway Servi hant an Test Merch d you like to r clicking on the car clicking on the car	pay ? to and processed b ice and will not be of pay? rd logo below:	y The MasterCard isclosed to the TEST MODE		BLOSE	PAY ONLINE
9. S ). V L. N	Select H /isa ⁄laster	How wo card	estercaro Gateway Service taateway Service hant name: Dama How woul ecurely using SSL+ by	details will be sent net Gateway Servi hant an Test Merch d you like to r clicking on the car ivisa ( cancel cancel	pay ? to and processed b ice and will not be of pay? rd logo below: MesterCord	y The MasterCard lisclosed to the TEST MODE		BLOSE	PAY ONLINE



- 22. If Select "Visa" or "Master card" Enter
  - code number
  - Expiry Date
  - Security code

Archant name: Da	man Toet Morch
lerchant name. De	
Enter ye	our card details:
🐴 VISA:	You have chosen VISA as your method of payment Please enter your card details into the form below and click "pay" to complete your purchase.
Card Number iii	1
Expiry Date iii	/ month/year
Security Code iii	
	The 3 digits after the card number on the signature panel of your card.
Purchase Amount III	AED 15,543.00
I hereby authorise	: the debit to my VISA Account in favour of Daman Test Merch

23. After payment through credit card payment confirmation is displayed with reference number .

Payment Details	bownload Payment Details	Daman VAT Registration No :
Dear Customer,		100000692200003
Thank you for settling your invoices. You PAYGN19012700005 .	r online payment reference number is	
Regards,		Contact Us
National Health Insurance Company - Da	man	<b>(</b> <sup>4</sup> 800 432 626
		<b>(</b> * +971 2 614 9555
		+971 2 614 9787
		S FMAIL US



Last Login: Jan 27, 2019 10:36:41 AM

User Guide

- 24. If selected "wire Transfer" from "Payment Cart" will show you "Bank Details for Wire Transfer"
- 25. Mandatory to download "wire transfer proof" document .
- 26. Check declaration and click 'submit' button to submit the request

								Pay	rment Cart 🏋 1
here	are 1 items in	your cart							*
đ	Invoice Number	Customer Number	Policy Number	Invoïce Date	Invoice Due Date	Transaction Type	Invoice Amount (AED)	Received Amount (AED)	Remaining Amount (AED)
Ô	6722817	1805490	7922898	09/04/2018	17/05/2018	Invoice	4291.42	0.0	4291.42
							Gra	and Total in AED	4,291.42
alaat	vour proforro	d mode of pay	umont						
elect	. your preferre	a mode of pay	yment						
Pay	y Online 💿 W	lire Transfer							
							1	WIRE TRANSFER S	AMPLE DOCUMEN
в то ank D	ensure that your pay Details for Wir	yment is validated, p e Transfer	lease make sure that th	e amount submitted	l via wire transfer is e	iqual to the total amo	unt of invoices selecte	d for payment.	
0 To ank D Plan	o ensure that your pay Details for Wir	yment is validated, p e Transfer	lease make sure that th	e amount submitted	l via wire transfer is e	iqual to the total amo	unt of invoices selecte	d for payment.	
B To ank D Plan Acco	o ensure that your pay Details for Wir n Type sount Name	yment is validated, p e Transfer	lease make sure that th Enhan Natior	e amount submitted iced Plan nal Health Insuran	l via wire transfer is e ce Co Daman - F	iqual to the total amo	unt of invoices selecte	d for payment.	
D To ank D Plan Acco Bank	Details for Wir Details for Wir n Type count Name ik Name	yment is validated, p e Transfer	lease make sure that th Enhan Natior First A	e amount submitted uced Plan nal Health Insuran ubu Dhabi Bank	l via wire transfer is e ce Co Daman - F	equal to the total amo	unt of invoices selecte	d for payment.	
Plan Acco Bank	o ensure that your pay Details for Wir n Type iount Name ik Name iount Number	yment is validated, p e Transfer	lease make sure that th Enhan Natior First A 40212	e amount submitted aced Plan hal Health Insuran Abu Dhabi Bank 203195760047	l via wire transfer is e ce Co Daman - F	iqual to the total amo	unt of invoices selecte	d for payment.	
B To ank D Plan Acco Bank Acco	Details for Wir Details for Wir n Type rount Name rount Name rount Number N	yment is validated, p	lease make sure that th Enhan Natior First A 40212 AE090	e amount submitted aced Plan nal Health Insuran abu Dhabi Bank 203195760047 235402120319570	l via wire transfer is e ce Co Daman - F 50047	equal to the total amo	unt of invoices selecte	d for payment.	
Plan Accco Bank Accco Bank Accco Bank Accco	o ensure that your pay Details for Wir n Type iount Name ik Name iount Number N ft Code	yment is validated, p	lease make sure that th Enhan Natior First A 40212 AE090 NBAD	aced Plan hal Health Insuran kbu Dhabi Bank 203195760047 035402120319570 AEAABAT	l via wire transfer is e ice Co Daman - F 50047	equal to the total amo	unt of invoices selecte	d for payment.	
Plan Accor Bank Accor Bank Accor Bank Swift	Details for Wir Details for Wir n Type count Name count Number N ft Code nch Name	yment is validated, p	lease make sure that th Enhan Natior First A 40212 AE090 NBAD. Bateer	e amount submitted aced Plan nal Health Insuran abu Dhabi Bank 203195760047 035402120319570 AEAABAT n	l via wire transfer is e ce Co Daman - F 50047	equal to the total amo	unt of invoices selecte	d for payment.	
Plan Accor Bank Accor Bank Accor Bank Accor Bank Bran Bran	Details for Wir Details for Wir n Type wount Name wount Name nount Number N ft Code nch Address	yment is validated, p e Transfer	lease make sure that th Enhan Natior First A 40212 AE090 NBAD Bateer Abu D	ie amount submitted iced Plan hal Health Insuran Nbu Dhabi Bank 03195760047 035402120319570 AEAABAT n habi, UAE	l via wire transfer is e ice Co Daman - F 50047	equal to the total amo	unt of invoices selecte	d for payment.	
Plan Accor Bank Accor IBAN Swiff Bran Bran Tota	Details for Win Details for Win n Type wount Name k Name N ft Code nch Name nch Address al amount to be paid	yment is validated, p e Transfer	lease make sure that the Enhan Nation First A 40212 AE090 NBAD Bateer Abu D AED 4	e emount submitted iced Plan nal Health Insuran Ibu Dhabi Bank 103195760047 035402120319570 AEAABAT n habi, UAE 4,291.42	l via wire transfer is e ce Co Daman - F 50047	equal to the total armore	unt of invoices selecte	d for payment.	
Plan Accor Bank Accor Bank Accor Bank Accor Bank Bran Bran Tota Wire	Details for Wir Details for Wir n Type wount Name wount Number N ft Code nch Name nch Address al amount to be paid e Transfer Proof *	yment is validated, p e Transfer	lease make sure that the Enhan Nation First A 40212 AE090 NBAD Bateer Abu D AED 4 2 1	e amount submitted aced Plan nal Health Insuran Abu Dhabi Bank 203195760047 035402120319570 AEAABAT n habi, UAE 4,291.42 UPLOAD DOCUMEN	l via wire transfer is e ce Co Daman - F 50047	equal to the total armore	unt of invoices selecte	d for payment.	
Plan Acco Bank Acco Bank Acco Bank Acco Bank Bran Tota Wire	Details for Wir Details for Wir n Type wount Name ik Name wount Number N ft Code nch Address al amount to be paid e Transfer Proof *	yment is validated, p e Transfer	lease make sure that the Enhan Nation First A 40212 AE090 NBAD Bateer Abu D AED 4 <b>1</b>	e amount submitted aced Plan hal Health Insuran Abu Dhabi Bank 03195760047 035402120319570 AEAABAT n habi, UAE 4,291.42 UPLOAD DOCUMEN	l via wire transfer is e ce Co Daman - F 50047	equal to the total amo	unt of invoices selecte	d for payment.	



Invoice Payment

**User Guide** 

25. After payment through wire Transfer payment confirmation is displayed with reference number

Invoice Payment Transaction	х
Dear Customer,	
Thank you for settling your invoices. Your online payment reference number is PAYGN19012900001.	
Regards, National Health Insurance Company - Daman	



