

I, the undersigned, hereby authorise the National Health Insurance Company – Daman PJSC to pay the due amount as a reimbursement of the costs of the healthcare services performed by (Provider Name): _____ on (Date): _____ and such amount is (Reimbursement Amount): _____

Name of Company/Individual

Bank Name

IBAN

Bank Address

By signing this claim reimbursement authorisation letter, I hereby discharge the National Health Insurance Company - Daman PSJC from any liability in relation to the payment of this claim.

Therefore I sign,

Name:

Card Number:

Policy Number:

Date:

Signature: