

Dear eClaimLink Provider,

Provider Enrollment – 2016 Provider Permit Form:

With the implementation of [Insurance Law No11 of 2013](#), the insurance based activities are expected to grow rapidly in the upcoming years, and DHA will ensure a cost-effective healthcare sector through different systems and mandates. In compliance with the Law and the [Executive Council Resolution No. 7 of 2016](#), DHA is initiating the Provider Enrollment process with the following details:

1. Provider Enrollment is mandatory for all providers (**hospitals, clinics, pharmacies and diagnostic centers**) in UAE that are submitting insurance claims for Dubai based policy holders.
2. DHA will evaluate the Provider Registration process and announce the list of Enrolled Providers (EP) for the collection of the fees, public access, and for the insurance companies. The list of EP will be updated regularly. The insurance companies covering Dubai's population (Dubai Nationals, and Dubai Residents) are mandated to only include in their UAE networks the EP.
3. The permit period is 1 year, and the fees associated with it are as per the [Executive Council Resolution No. 7 of 2016](#).

DHA reserves the right to request additional supporting documents and reports from the facility, as it sees necessary.

Registration Process:

Please follow the steps below to complete and submit your Provider Permit Form. Each facility with a unique license number must submit an application using their eClaimLink account:

- Visit the eClaimLink Website: <https://www.eclaimlink.ae/>
- Log in on eClaimLink using your Provider eClaimLink account username and password
- Go to the Applications menu
- In the AddOns box on the right, click on the '**Provider Enrollment**' link
- From the main menu on the left side, select '[2016 - Provider Permit Form](#)'
- Read the instructions thoroughly, then fill in and upload the requested data into the form. You may save your changes by clicking on the 'Save Changes' button located at the bottom of the application form, then you can log out and return back to complete the form at any time.
- Once you have fully completed the form, click on the 'Submit Form' button located at the bottom of the page. Do not submit the form unless you are certain that it is complete and no further changes need to be made. Once submitted, the form will be locked, and you will no longer have access to make any further edits.

How to check if your submission was sent successfully:

- After clicking on the 'Submit Form' button, refresh the page, then scroll to the top of the form. Make sure that the word '**True**' is displayed in the table located on top of the page,

under the 'Committed' column. Additionally, a successfully submitted form will have disabled fields that cannot be further edited.

Submission Deadline

All providers must submit their Provider Permit Application form by 18:00 15th/July 2016.

Consequences of not submitting the EP Application by 15th July

Failure to submit an EP Application by the deadline will be a violation of the Health Insurance Law and its accompanying Resolution No. 7, which will have consequences for submitting claims with the health insurance companies covering Dubai's population (Dubai Nationals, and Dubai Residents). Failure to submit the EP Application, or unsatisfactory submission, will lead to freezing the company's eClaimLink ID on the DHPO until the process is completed successfully.

What is required on the form?

1. Facility License (Mandatory)
2. Facility Type (Mandatory)
3. Facility Location (Mandatory)
4. Gross Current Price List (Mandatory for non Pharmacies)
5. Certified Coders List (Mandatory for non Pharmacies)
6. Acknowledgement & Applicant's details

You will find more details on each section on the application form itself. Please read the instructions for each section in detail, prior to completing them.

Important notes on section 4 – Gross Current Price List:

- Make sure you download and use the latest template version 2: [Price List Template 2016 V2](#) (this is also embedded in the instructions for section 4)
- Make sure to read and follow all instructions on Sheet 1 of the excel file.
- The system has been equipped with a validation tool to ensure that no erroneous data is uploaded into the data template. All entered codes must be as per the standard lists on eClaimLink (CPT4, HCPCS, CDT, DSL). The uploaded file will be checked, and any incorrect codes will be rejected.
- The system will alert you of any errors found in the template, you must correct them and re-upload the corrected version.
- You can replace a previous file upload simply by clicking on 'Choose File' again and selecting the new file to be uploaded. This will automatically delete the previous file and replace it with the new one.
- Do not leave any empty lines on any of the sheets within the template. For any row that is missing an entry in column A, the system will automatically ignore all data entered below it on that sheet.
- Do not submit your application until all identified errors within the uploaded file are rectified, and a corrected file that yields no errors is re-uploaded.

- Save your template with the following format prior to uploading it:
[Your Provider eClaimLinkID_Price List](#)

If you have any questions related to the requirements for Provider Enrollment, please submit them to the following email address: DataHFD@dha.gov.ae

If you are facing any technical difficulties on the system, please contact the eClaimLink support team at: support@eclaimlink.ae

Best Regards,

Information Desk Officer

eClaimLink
<https://www.eclaimlink.ae/>
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