

Dear Provider,

We would like to extend this invitation to attend a training session for the eReferral system that is currently being implemented as part of the requirements of the Dubai Health Insurance Law 11 of 2013.

As an integral step in supporting efficiency and quality of services within the Dubai healthcare sector, this system is important to ensuring a seamless and successful implementation of health insurance. eReferral is based on the premise that a patient's first visit will be to a General Practitioner, upon which if required he/she may be referred to a Specialist for further treatment. The system is built to ensure that patients have the right access and get the needed care for their respective treatments.

Initially the eReferral system will be mandated for patients covered by the Essential Benefits Plan. Going forward we expect all patients who have any type of health insurance coverage to follow the referral mechanism for healthcare services.

e-Referral System Details

Details related to the e-Referral mandate are available in a presentation on the eClaimLink website in the Documentation section. The same can also be directly accessed through the link below: (please log in on eClaimLink for access)

- [Dubai Health Insurance Law 11 - Provider Enrollment 2014-04-23](#)

Who Needs to Attend

- Each facility can nominate 1 to 2 candidates to be trained as trainers on the e-Referral system
- The trainers will need to train:
 - All Physicians: General Practitioners, Specialists, Consultants

Training Schedule

- **Date:**
 - **Wednesday, 12 November, 2014**
- **Times:**
 - Please choose **one** of the session times below of most convenience:
 - Session 1: 10:00 am – 11:30 am
 - Session 2: 12:00 pm – 1:30 pm
 - Session 3: 2:00 pm – 3:30 pm
- **Venue:** Rashid Hospital Medical Library Auditorium – Rashid Hospital, Dubai
- **Meeting Agenda:**

Each training session will include:

 - 30 minutes: Registration
 - 1 hour: Introduction of system, e-Referral full cycle demonstration

Registration Process

Kindly provide the following details for the members to be attending the training:

Email to: info@eClaimLink.ae

Subject: e-Referral Training [Facility Type, Facility Name, eClaimLink ID]

Body:

- Total Number of candidates:
- Candidate\’s details:

| Trainee Full Name | Facility Name | eClaimLink ID | Contact email | Contact Phone # | Contact Mobile # | Preferred session to attend (choose session 1, 2 or 3) |
|-------------------|---------------|---------------|---------------|-----------------|------------------|--|
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- Please **RSVP by Monday, 10 November, 2014.**

For further details about the training, kindly contact the Dimensions Healthcare call center at 6005 22004.

Best Regards,

Information Desk Officer

eClaimLink
<https://www.eclaimlink.ae/>
6005 22004