

**Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
Policy Directive Number 1 of 2018 (PD 01/2018)**

Subject of this Policy Directive	Patient's treated or transferred by Ambulance
Applicability of this Policy Directive	This Directive applies to all parties involved in the administration of health insurance plans in the Emirate of Dubai, specifically, insurance companies and health insurance claims management companies
Purpose of this Policy Directive	To specify fees for Dubai Corporation for Ambulance services (DCAS) services
Authorized by	Ali F. Lutfi, Health Funding Department
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Publication date	19/03/2018
Effective date of this Policy Directive	Immediately upon publication
Grace period for compliance	None

Preamble

Currently all accidents/medical emergencies are treated or transferred by DCAS either on site and/or to medical providers in line with medical necessity. Going forward these services will incur charges as per as per Executive Council Resolution No. 1 of 2018 dated 23/1/2018.

Objectives of this Policy Directive

- To inform the market of the requirement to cover cases DCAS service fees
- To advise on the cost of ambulance services that must be covered
- Non Dubai residents
- RTA Cases
- Additional documents
- Contracting with payers and payment terms

Cost of ambulance service to be charged

As per executive council resolution No 1 of 2018. All ambulance services must be billed to the respective payer as per table 1 on page three of the executive council. A copy of the [Executive Council Resolution No. 1 of 2018](#) can be found on the ISAHHD website. The DHA Health Funding Department will be providing access to DCAS to inquire on a patient's active insurance policy in order for them to bill accordingly.

Non-Dubai Residents

Insured Non-Dubai Residents who receive ambulance treatments in Dubai will also be charged fees in line with the Executive

RTA Cases

Any RTA related cases that are treated or transferred to a medical provider will be treated as specified in Executive Council resolution No 2 of 2016.

Additional Documentation

An insurer or TPA may not reject any of the above-mentioned claims. No pre-approval is required. An insurer and TPA do have the right to request additional supporting documents.

Contracting with payers and contract terms

DCAS will be in contact with all payers to contract with them and apply payment terms as per their contract. All uncontracted payers are required to settle claims within 7 days of receipt.