

**Cabinet Resolution No. (14) of 2022**  
**Concerning Healthcare Services Fees Provided by Health Establishments of the**  
**Emirates Health Services Corporation (EHSC)**

**The Cabinet:**

- Having reviewed the Constitution; and
- Federal Law No. (1) of 1972, On the Competences of Ministries and the Powers of Ministers, as amended; and
- Federal Law No. (17) of 1972, On Citizenship and Passports, as amended; and
- Federal Law No. (14) of 2014, On Combating Communicable Diseases; and
- Federal Decree-Law No. (16) of 2016, On Establishing the Emirates Health Services Corporation (EHSC); and
- Federal Decree-Law No. (26) of 2019, On Public Finance; and
- Cabinet Resolution No. (1) of 1995, Concerning the Prices of Health Services, Fees for Health Certificates and Reports, and Fees for Licences to Practice the Profession of Human Medicine, the Profession of Pharmacy and Pharmaceutical Institutions, and Amendments thereof; and
- Cabinet Resolution No. (6) of 2005, Imposing Fees for Surgical Operations and Hospital Stays for Non-Citizens, and amendments thereof; and
- Cabinet Resolution No. (18) of 2013 concerning Health Card fees, Treatment and Diagnostic Services for Non-Citizens; and
- Cabinet Resolution No. (3-9-223) of 2015, Session No. (9), Concerning Measures Necessary to Maintain Public Health, Prevent Disease, and Control Infection; and
- Cabinet Resolution No. (33) of 2016, Concerning the Executive Regulations of Federal Law No. (14) of 2014 On Combating Communicable Diseases and Amendments thereof; and
- Cabinet Resolution No. (44) of 2016, Concerning Fees for Certain Services Provided by the Ministry of Health & Prevention; and

- Cabinet Resolution No. (62) of 2021, Concerning the Fee for Virtual Telemedicine Consultations Provided by Health Establishments Affiliated with EHSC; and
- Cabinet Resolution No. (114) of 2021, Repealing Cabinet Resolution No. (37) of 2021 Concerning Healthcare Services Fees Provided in Health Establishments Affiliated with EHSC; and
- Based upon the proposal submitted by the Minister of Finance and the Cabinet’s approval,

**Has resolved:**

## **Article (1)**

### **Definitions**

In application of the provisions of this Resolution, the following terms and phrases shall have the meanings assigned to each of them, unless the context requires otherwise:

<b>State</b>	: United Arab Emirates (UAE).
<b>EHSC</b>	: Emirates Health Services Corporation.
<b>Chairman</b>	: Chairman of EHSC’s Board of Directors (BOD).
<b>Citizen</b>	: Natural person who holds the nationality of the UAE.
<b>And the Like</b>	: Non-citizen family members: Husband - wife - dependent children – parents.
<b>Resident (non-citizen)</b>	: Foreigner who has a valid residence permit in the State.
<b>Visitor</b>	: Any foreigner who visits the State in accordance with the laws in force therein.
<b>Health Card</b>	: The electronic document issued by the institution for the benefit of the Beneficiary, which proves his subscription to the health Card system during the coverage period specified therein.
<b>Healthcare Providers</b>	: Healthcare establishments affiliated with EHSC.
<b>Beneficiary</b>	: Everyone who receives or is eligible to receive Healthcare Services.
<b>Health Services</b>	: All preventive, curative, health services and procedures and rehabilitation (medical convalescence) provided to the Beneficiary in an actual or virtual

attendance within the framework of the applicable regulations, from the beginning of the Beneficiary journey, including but not limited to counselling, diagnosis and various treatments, which include medicine - physical therapy - surgery- Interventional treatment and supply – orthodontics,

**Medical Supplies** : Each product used in the process of providing curative health services individually or in combination, including consumables, medical equipment, syringes, needles, sutures, staples, packaging, tubes, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing, and a full range of other devices and equipment used in service or surgical Service Providers that are the essential supplies for health systems to provide Healthcare Services.

**Prosthetic Devices** : A device that supports some or all of the lost functions of body parts (prosthetic limbs and orthoses) to compensate the patient for functional deficiency) due to a congenital or acquired defect, by modifying, fixing or supporting the organs and their movement, and is installed on the body or inside the body to limit or increase movement or support a part of the body, or support the functions of the internal organs of the body, including, but not limited to, a pacemaker - stents - cochlea or the like.

**Insurer** : The Health Insurance provided to the Beneficiary by one of the Health Insurance companies licensed in the State: The Insurance Company or entities guaranteeing it, the Company responsible for paying the value of financial claims, the Employer or the legal representative.

**Coverage Provider** : The person or entity that bears the cost of health benefits.

**Health Insurance Policy** : The contract signed between the Health Insurance Company and the coverage provider, which specifies the health benefits granted to the Beneficiary.

**Health Insurance Card** : The electronic document issued by the coverage provider or Health Insurance Company for the benefit of the Beneficiary, which proves his participation in the Health Insurance system during the coverage period specified therein.

<b>Health Benefits Schedule</b>	: A set of healthcare, medical, therapeutic and preventive services including medications, benefits schedule and medical examinations that the Beneficiary enjoys through the Healthcare Service Provider and stipulates the terms and conditions of coverage for the Beneficiary including but not limited to any percentages or amount of participation and exceptions, and coverage limits.
<b>Subscription Amount</b>	: The financial lump amount determined in the Health Benefit Schedule specified by the Insurer or in accordance with the Health Insurance Policy required to be paid by the Beneficiary to Healthcare Service Providers directly upon receiving Healthcare Services.
<b>Subscription Percentage</b>	: The percentage mentioned in the Health Benefit Schedule or specified under the Health Insurance Policy that the Beneficiary is required to pay directly to Healthcare Service Providers, for each time he receives a certain type of Healthcare Service.
<b>Services Included</b>	: Healthcare Services covered for the Beneficiary and the Insurer shall pay it in whole or in part pursuant to the Health Benefit Schedule.
<b>Services Not Included</b>	: Non-covered Healthcare Services by the Insurer, and the Beneficiary shall pay them directly to the Healthcare Service Providers.
<b>Claim</b>	: The Claim submitted by Healthcare Service Providers to the Insurer or to the Beneficiary directly for payment of Healthcare Services Fees, and the Claim shall include: All Healthcare Services provided to the Beneficiary.
<b>Emergency</b>	: An unexpected situation that requires immediate medical intervention by a Healthcare Provider to save a person life or treat a person from a life-threatening threat or serious damage to vital organs or functions.
<b>Other Insurance Policies</b>	: These are different types of documents such as car insurance, hazard insurance, life insurance, work injury insurance, etc.

## **Article (2)**

### **Healthcare Services Fees**

1. The fees shown in the Schedule attached to this Resolution shall be collected for the Healthcare Services provided by EHSC Health Establishments.
2. Healthcare Services Fees listed against each service in the Schedule attached to this Resolution shall apply to the following groups:
  - a. Beneficiaries who are not citizens of the State, who hold a valid Health Card issued by EHSC.
  - b. All beneficiaries holding Health Insurance Cards and other Insurance Policies, considering that EHSC does not bear any financial obligations incurred by holders of other Insurance Policies.
  - c. Beneficiaries who are non-citizens or visitors to the State, who do not have a Health Card issued by EHSC, or hold a valid Health Card, or who do not have a Health Insurance Policy. A percentage (20%) of the value of the Service Fee shown in the Schedule attached to this Resolution shall be added to the value of the basic Service Fee listed in the Schedule. The basic Service Fee is listed in the attached Schedule.

The percentage stipulated in Clause (C) of this Article shall not apply to the value of drug fees, the value of medical supplies fees, or the value of prosthetic devices or the value of ambulance services.

## **Article (3)**

### **Healthcare Services Provided to a Beneficiary Citizen of the State and the Like**

1. All Healthcare Services shall be provided free of charge, to the Beneficiary citizen of the State and those of similar status for holders of a valid Health Card issued by EHSC. In the event that the Health Card is not available, the fee shown below for a medical examination shall be obtained when visiting the physician, provided that the physician visit fee shall include Healthcare (diagnostic and pharmacological) provided for the same visit.

No.	Service Description	Fee Value
1	Medical examination for treatment (visit to a consultant physician or specialist physician)	AED 100
2	Medical examination for treatment (visit general practitioner or newly appointed physician)	AED 50

2. A citizen or a similar person who does not hold a Health Card or holds a Health Card that is not valid in critical cases applies to the free treatment system pursuant to EHSC Resolutions.
3. Prosthetic devices and medical supplies for organ transplantation are provided free of charge For beneficiaries who are citizens of the state and the like, provided that the value of the prosthetic devices is calculated (IMPLANT) And the value of medical supplies for organ transplantation (TRANSPLANT) in accordance with each disease case separately, for Health Insurance Card holders who are citizens of the State or their equivalent, and in accordance with the Insurance Policy and the Health Benefit Schedule, provided that EHSC bears the value of the percentages and the amount of contribution determined in the Health Insurance Policy and the Health Benefit Schedule, and it also bears the value of Service Fees not covered. Taking into account that the EHSC does not bear any financial obligations incurred by holders of other Insurance Policies.
4. The citizen or those of similar status shall bear the value of the cosmetic services fees, regardless he holds a Health Card issued by EHSC for a purpose other than treatment in accordance with his request. The citizen or those of similar status shall also bear the value of the Service Fees for any cosmetic dental procedure, and the value of precious metals in the event of making fittings from crowns and bridges that are performed for a purpose other than treatment, except for orthodontics, pursuant to the value of the fee shown against each service in the attached schedule, considering the other Articles mentioned in this Resolution.

## Article (4)

### **All Healthcare Services Provided to the Beneficiary Citizens of the GCC States**

Healthcare Services shall be provided in the EHSC Health Establishments for Beneficiaries who are Citizens of the GCC States as shown below:

- 1. Residents in the State are a group for holders of a valid or invalid Health Card issued by EHSC, or who do not have a Health Card, and the group of holders of Health Insurance Policy is "insurance within the State":**

The Citizens of the GCC States residing in the State shall be treated as the citizens of the State in providing Healthcare Services in the EHSC Health Establishments, in accordance with the provisions of Article (3) of this Resolution.

- 2. Non-residents of the State:**

#### **A. Critical Cases:**

They are subject to the free treatment system for critical cases pursuant to the Resolutions organized in EHSC, otherwise the value of Healthcare Services fees shall be collected pursuant to the value of the fee shown next to each service in the Schedule attached to this Resolution.

#### **B. Holders of Health Card issued by EHSC group of (Visitor)**

(Visitor), except for that, the value of Healthcare Services fees shall be collected pursuant to the value of the fee shown next to each service in the Schedule attached to this Resolution, considering the provisions of Clauses (C) and (D) of Clause (2) of Article (2) of this Resolution, and the value of Prosthetic devices (IMPLANT), and the value of medical supplies for organ transplantation (TRANSPLANT) for individual Beneficiaries.

#### **C. Holders of Health Insurance Cards and other Insurance Policies, insurance outside the State, whether the Health Insurance Company is registered or not registered within the State:**

The Health Insurance system in force in the State shall be applied to non-residents of the GCC States who hold Health Insurance Cards and other Insurance Policies provided that the Beneficiary, in the event that the Insurance Company responds to any financial obligations stipulated in the Health Insurance Policy and the Health Benefit Schedule, the percentages and

amount of the prescribed contribution, the services not included, shall bear the value of prosthetic devices (IMPLANT), value of medical supplies for organ transplantation (TRANSPLANT), the value of the covered and non-covered drugs. and others pursuant to the value of the fee shown next to each service in the attached Schedule, considering the other Articles and Clauses mentioned in this Resolution, otherwise, the full value of the Healthcare Services Fees provided to the Beneficiary shall be collected pursuant to the value of the fee shown next to each service in the Schedule attached to this Resolution. Taking into account that the EHSC does not bear any financial obligations incurred by holders of other Insurance Policies.

## **Article (5)**

### **Healthcare Services Provided to Beneficiaries of Some Other Groups**

1. Healthcare Services free of charge to the groups described below without a requirement to obtain a Health Card:
  - a. Those arrested in relation to criminal cases, based on a referral from the Concerned Authorities.
  - b. Psychiatric patients, in cases of compulsory admission to a psychiatric hospital, who do not have a Health Insurance system.
  - c. Those who are placed in shelters under a referral from the Concerned Authority, regardless of their age.
  - d. Children of female prisoners who have not been found to have a breadwinner other than the mother, in accordance with a referral from the Concerned Authority, during the period of execution of the sentence and up to the age of 18 years for a son or a daughter.
  - e. People with contagious diseases of danger to public health.
  - f. Referrals from federal government agencies organising sports tournaments in international competitions held on the State land, in the absence of Health Insurance and in prior coordination with EHSC.
  - g. State guests who are hosted on some occasions at the request of the host, in the absence of Health Insurance, and in prior coordination with EHSC.



2. Healthcare Services shall be provided free of charge to patients with disabilities who are not citizens of the State, provided that there is a valid Health Card issued by EHSC, with fees paid, and in accordance with a medical report proving that such person has a disability, and a letter from the Ministry of Community Development stating that the person is considered a person with a disability.
3. The Employer shall bear the cost of Healthcare Services for his workers and their families, and the visa applicant shall bear the cost of Healthcare Services provided to him and his family.
4. Any exceptions made concerning treatment fees other than those mentioned in the provisions of this Resolution shall be repealed.

## **Article (6)**

### **Value of Drugs Dispensed in EHSC Pharmacies**

1. The selling price of registered drugs shall be calculated at the same value as the selling price to the public, in accordance with the list of registered and priced drugs in the Ministry of Health and Prevention.
2. The selling price of registered and unpriced drugs, unregistered drugs, and complementary drugs shall be calculated pursuant to the value of the purchase price with a percentage of (maximum 20%) of this value as administrative fees and in accordance with business requirements.
3. The selling price of the combined drugs shall be calculated in accordance with the price set by EHSC.

## **Article (7)**

### **Dispensing Drugs to Beneficiaries of Treatment in EHSC Health Establishments**

1. Subject to Clause (1) of Article (3) and Clause (2) of Article (4) of this Resolution, EHSC shall bear the percentage and amount of the prescribed contribution, as well as the value of the fees for non-covered drugs, if any, and in a manner that does not contradict Clause (3) of Article (3) of this Resolution, for the Beneficiary citizen of the State or those of similar status,

as well as the Beneficiary citizen of the GCC States who hold Health Insurance Cards (insurance within the State) in accordance with the Health Insurance Policy and the Health Benefit Schedule.

2. Beneficiaries of non-resident GCC States, holders of a Health Card issued by EHSC or non-holders of a Health Card, shall bear the value of the drugs fees prescribed for treatment in accordance with Article (6) of this Resolution.
3. Subject to the provisions of Clause (2) of Article (4) of this Resolution, non-resident Beneficiaries of GCC States who hold Health Insurance Cards (insurance outside the State) or holders of other insurance policies bear any financial obligations stipulated in the Health Insurance Policy and the Health Benefit Schedule in case The approval of the Insurance Company "The percentage and amount of the prescribed contribution for the covered and non-covered drugs ...And others" in accordance with Article (6) of this resolution. Otherwise, the full value of the fees for medicines provided to the Beneficiary shall be collected in accordance with Article (6) of this resolution.
4. Beneficiaries who are non-citizens of the State, residents or visitors, shall bear the value of drugs fees prescribed for treatment, whether they have a Health Card issued by EHSC or not, and drugs are also disbursed to holders of Health Insurance Cards or holders of other insurance policies, whether the insurance is inside or outside the State in accordance with the Health Benefit Schedule in accordance with Article (6) of this Resolution.
5. Drugs for the care of the expectant mother and child shall be disbursed to Beneficiaries who are not citizens of the State residing or visiting the State, in accordance with Article (6) of this Resolution, subject to Article (5) of this Resolution.
6. Taking into consideration the provisions of Article (5) of this Resolution and the Clauses shown above, the value of drugs dispensed to patient whose condition requires hospitalisation in accordance with the provisions of Article (6) of this Resolution shall be calculated for all holders Health Insurance Cards or Holders of other Insurance Policies, and it also includes Beneficiaries other than Citizens of the State residing or visiting the State, whether or not they have a Health Card issued by EHSC.

7. Drugs for mental or psychiatric illness shall be dispensed to any of the psychiatric patients, with a fee of (AED 50) fifty for each prescription and not exceeding the needs of the patient for a period of one month, and without the condition of obtaining a Health Card issued by EHSC.
8. In the event that the Health Insurance Policy and the Health Benefit Schedule include the value of any of the covered psychological and mental drugs, then the value of these drugs shall be calculated in accordance with the Health Benefit Schedule in accordance with Article (6) of this Resolution, provided that EHSC shall bear the percentage and amount of contribution determined in the Health Insurance Policy and the Health Benefit Schedule, and the fee prescribed in Clause (7) of this Article shall be applied in the event that there are drugs that are not included in the Health Insurance Policy and the Health Benefit Schedule.
9. The dispensing of drugs for Critical Cases shall be applied in accordance with the system in force in EHSC concerning Critical Cases, with the exception of Critical Cases of Beneficiaries who hold Health Insurance Card or holders of other Insurance Policies, and the value of drugs shall be calculated in accordance with Article (6) of this Resolution.
10. The Chairman shall set the necessary controls and procedures for dispensing drugs to Beneficiaries of treatment in EHSC Health Establishments.

## **Article (8)**

### **General Provisions**

1. The value of the prosthetic devices (IMPLANT), and the value of medical supplies for organ transplantation (TRANSPLANT) for non-national Beneficiaries residing or visiting the State shall be calculated separately.
2. In the event that a citizen or non-citizen Beneficiary desires special hospitalisation, the room value shall be calculated based on his choice of room type and in accordance with the fee shown in the Schedule attached to this Resolution. This is for each day, and part of a day is considered a full day.

3. EHSC may apply the treatment package for some Healthcare Services shall be approved, and what is added to the treatment package of additional services shall be calculated pursuant to the value of the fee shown in the Schedule attached to this Resolution.
4. The Chairman or his delegate may establish rules for billing services to be consistent with the list of Service Fees attached to this resolution.
5. EHSC may issue a resolution to make an amendment to the international coding contained in the list of Healthcare Services in the Schedule attached to this Resolution in accordance with work requirements, and pursuant to the amendments made by the Concerned Authorities.
6. Circumcision shall be offered free of charge to new Muslims based on an official document proving the status, Without the requirement to obtain a health card issued by the EHSC and this does not apply to Health Insurance Policy holders if the service includes a Health Benefit Schedule.
7. The vaccination and medical advice for vaccination shall be provided free of charge to children under five years of age in accordance with the National Immunisation Programme, for Beneficiaries of GCC States and the like and Beneficiaries who are citizens of the State residing in the State, and for Beneficiaries who are non-citizens of the State residing or visiting the State, without the requirement to obtain a Health Card issued by EHSC. This does not apply to Health Insurance Policy holders in the event that the services include a Health Benefit Schedule.
8. A percentage of (20% as a maximum) shall be added to the value of the purchase of medical supplies, prosthetic devices and others, as administrative fees, provided that it shall be paid by the Beneficiary at the agreed value upon purchase in addition to this prescribed percentage, considering the provisions of Article (3), Article (4) and Article ( 5) of this Resolution:
9. The Beneficiary has the right to visit an attending physician free of charge during the first week of the visit date. In the event that a physician assessment requires additional diagnostic tests or dispensing drugs, the fee shown in the Schedule attached to this Resolution shall be calculated.

10. Subject to the provisions of Article (5) of this Resolution, Healthcare Services shall continue to be provided free of charge to patients with mental illnesses in the specialised Health Establishments for the treatment of psychiatry of EHSC for cases of "mental illnesses that temporarily or permanently ill, diseases resulting from complications of psychological treatment." Which pose a danger to society, and without the requirement to obtain a Health Card issued by EHSC.
11. In the event that any of the Health Insurance Policies includes any of the Healthcare Services provided by EHSC for free, then the Insurance Company shall be asked for the amount of fees for these services, provided that EHSC shall bear the rates and the amount of contribution determined in the Health Insurance Policy, if any, in accordance with the Health Benefit Schedule. Taking into account that the institution does not bear any financial obligations incurred by holders of other insurance policies.
12. When dispensing a medical device from any EHSC Health Establishment for completing the treatment plan for any of the patients, a security amount of (AED 1,000 ) shall be collected for each device. Such security shall be refunded to the patient after the device is delivered in good condition to the Health Establishment, and the amount of the security shall not be refunded If this device is lost or damaged.
13. Providing Healthcare Services shall continue to be free of charge for evaluating the case contained in a referral form from the police, provided that they are provided with the medical report of the case, and this shall not apply to Health Insurance Card holders if the services include a Health Benefit Schedule.
14. Subject to the above clauses, the value of any of the Healthcare Services listed below is calculated on all Insurance Card holders and of the insurance policies and also includes non-national Beneficiaries, residents and visitors, whether they have a Health Card issued by EHSC or not:
  - a. In the event that any surgery is performed with the knowledge of a visiting physician, the value of the fees prescribed for the surgery shall be calculated in addition to doubling the value of the prescribed fee for the physician wage by (100%) in accordance with the attached schedule to this Resolution.

- b. In the event that more than one surgery is performed simultaneously, the surgery with the highest value shall be calculated pursuant to the value of the fee shown in the Schedule attached to this Resolution. The value of the second surgery shall be calculated at (50%). The value of any other surgery that follows shall be calculated at a rate of (25%) from the value of the fee shown in the Schedule attached to this Resolution.
- c. In the event of a double-sided organ surgery, the first side shall be calculated pursuant to the value of the fee shown in the Schedule attached to this Resolution, and the other side shall be calculated at a percentage (50%) of the fee shown in the Schedule attached to this Resolution.
- d. In the event that more than one consultant physician or specialist performs more than one surgery at the same time, the physician fee for the basic surgery with the highest value shall be calculated pursuant to the value of the fee shown in the Schedule attached to this Resolution. The value of the physician fee for the additional procedure shall be calculated at a rate of (50%) of the wage value. The basic physician for this surgery, in addition to the value of the fees prescribed for the surgery and pursuant to the value of the fee shown in the Schedule attached to this Resolution.
- e. The fee of any assistant physician for performing a surgery shall be calculated at a rate of (15%) of the value of the basic physician fee for this surgery pursuant to the value of the fee shown in the Schedule attached to this Resolution.
- f. The value of blood units and components provided to the Beneficiary at EHSC Health Establishments shall be separately calculated in accordance with the price list approved in Cabinet Resolution No. (44) of 2016 concerning fees for some services provided by the Ministry of Health and Community Protection, and any modifications to them.
- g. The fee for a patient companion in the hospital shall be collected if the patient himself or any of his family requests it, according to the value of the fee shown in the Schedule attached to this decision, provided that the fee is calculated according to the actual period specified for the patient stay, and this fee includes meals.
- h. In the event that the attending physician requests the presence of an accompany with the patient due to the patient health condition, the patient accompany accommodation fee

shall not be calculated. This shall not apply to Health Insurance card holders if the service includes a Health Benefit Schedule.

## **Article (9)**

### **Fees for the Health Card Issued by EHSC**

The value of the Health Card fees issued by EHSC shall be applied to the citizens of the State and those of similar status, to the Citizens of the GCC States and those of similar status, and to non-citizens pursuant to the value of the Service Fee shown below, and the controls specified by EHSC.

<b>No.</b>	<b>Service Description</b>	<b>Issuance</b>	<b>Renewal</b>	<b>Note</b>
<b>1</b>	Fee for a Health Card for citizens of the State and those of similar status, all age categories	20	20	For each (5) Five years
<b>2</b>	Fee for a Health Card for residing Citizens of the GCC States and those of similar status, all age groups	20	20	For each (5) Five years
<b>3</b>	Fee for a Health Card for residing Citizens of the GCC States and those of similar status for all age groups	50	50	For each year
<b>4</b>	Fee for a Health Card for (Non-citizens), all age categories	100	100	For each year
<b>5</b>	Fee for health card for a resident (non-citizen) of people of determination, for any age group	50	50	For each year
<b>6</b>	Fee for a health card for a visitor to the State (non-citizen), for any age group.	100	100	For each (3) three months
<b>7</b>	A replacement fee for a lost or damaged Health Card for all groups.	Charge cancellation	1	Cancellation of the prescribed charge

## **Article (10)**

The measures taken by EHSC concerning the implementation of the Health Insurance system shall be approved before this Resolution is issued.

## **Article (11)**

### **Exemption from Fees**

1. People with disabilities "people of determination" are exempted from paying the due fees for the services referred to in Clause (2) of this Article. A medical report proving the disability is required, as well as a letter from the Ministry of Community Development stating that he is a person with a disability. It is not required to obtain a health card issued by EHSC, and the exemption does not apply to holders of a health insurance card if the health benefits schedule includes the said service.
2. The EHSC shall bear the value of the percentage and amount of participation stipulated in the health insurance policy and the health benefits schedule, and shall also bear the value of fees for services not covered, in the following cases:
  - a. The deceased in any of the health establishments affiliated with EHSC.
  - b. Kidney dialysis patients with respect to the fees for the sessions provided to them, fees of diagnostic services, and blood units in any of the health establishments affiliated with EHSC.
  - c. Thalassemia patients who need blood transfusions on a regular basis with respect to the fees for diagnostic services and blood units provided to them in any of the health establishments affiliated with EHSC.
  - d. Leukemia patients who are undergoing treatments, whether it is chemotherapy or radiation, with respect to the fees for diagnostic services and blood units provided to them in any of the health establishments affiliated with EHSC.



## **Article (12)**

### **Discounts**

A discount of no more than (20%) of the value of fees for some Healthcare Services is granted in coordination with the Ministry of Finance in the following cases:

- a. For Health Insurance licenced in the State or companies responsible for paying the value of financial claims.
- b. Registered and accredited charitable societies within the State that pay the treatment fees for some incapable patients
- c. When launching or modifying Healthcare Service packages.
- d. Humanitarian cases as determined by the Foundation. The remaining value of Healthcare Service Fees may also be exempted, depending on each case.
- e. For any party wishing to provide treatment services to its employees and their families in the Health Establishments affiliated with the institution, through contracts concluded between them.

## **Article (13)**

### **Instalment fees for some inpatients**

EHSC may pay in instalments the Healthcare Services Fees provided in its affiliated hospitals for some non-citizen patients admitted to the hospital, in accordance with each individual case and in accordance with a study of the social case, with the EHSC setting the necessary controls for this in coordination with the Ministry of Finance.

## Article (14)

### Ambulance Services

#### Ambulance services are provided as follows:

1. During events organized by any requesting entity, whether a governmental or private entity, in accordance with the fees shown below.

No.	Service Description	Fee Value	Note
1	Transport by any carefully equipped ambulance	Fees for medical ambulance services shall be collected in accordance with the contracts concluded in this regard in addition to a percentage (10%) of the value agreed upon in the contract as administrative fees.	For any requesting party, and for one day, and part of a day is considered a full day
2	Transport by any moderate equipped ambulance	Fees for medical ambulance services shall be collected in accordance with the contracts concluded in this regard in addition to a percentage (20%) of the value agreed upon in the contract as administrative fees.	For any requesting party, and for one day, and part of a day is considered a full day

2. Ambulance services are provided free of charge to citizens of the State and those in their position, provided that the service value mentioned below is calculated for all Insurance Policy holders, including beneficiaries from visiting citizens of the Gulf Cooperation Council countries, as well as beneficiaries from non-citizens of the State, residents and visitors, whether they have a health Card issued by the institution or not.

No.	Service Description	Fee Value	Note
1	Transport by any carefully equipped ambulance	In accordance with the contracts concluded in this regard in addition to a percentage (10%) of the value agreed upon in the contract as administrative fees.	Transporting the patient from home to the hospital, from the hospital to home, from the hospital to the airport or vice versa.
2	Transport by any moderate equipped ambulance	In accordance with the contracts concluded in this regard in addition to a percentage (20%) of the value agreed upon in the contract as administrative fees.	Transporting the patient from home to the hospital, from the hospital to home, from the hospital to the airport or vice versa. Transporting the body to the airport or to a cemetery within the State.

3. Considering the provisions of Clause (1) and Clause (2) of this Article, the value of a single transfer shall be calculated in accordance with the concluded contract, in addition to the percentage set for administrative fees, considering the calculation and collection of the percentage of the value-added tax on the service.
4. The Health Insurance shall bear the cost of a single transfer in accordance with the concluded contract, in addition to the percentage set for administrative fees in accordance with what is stated in Clause (2) of this Article, provided that the percentage set for administrative fees is calculated in full (10% or 20%) in accordance with the type of means, in addition to the percentage set for the value added tax on the service.

5. If the patient or his relatives wish to transfer the case from the hospital to any other hospital, whether affiliated with the institution or any other health authority (governmental or private), the fee stipulated in Clause (2) of this article shall be calculated, in accordance with the type of means.
6. The ambulance Service Fees are exempted from the case in which the hospital affiliated with the institution transfers the patient from the hospital to any other hospital, whether affiliated with the institution or affiliated with any other health entity (governmental or private), for the purpose of completing the Healthcare Services, or the treatment plan prescribed for the case. This does not apply to holders of the Health Insurance Card if the service includes the Health Benefits Schedule, and other Insurance Policies.

## **Final Provisions**

### **Article (15)**

#### **Means of Collection**

The fees mentioned in this Resolution shall be collected by the means determined by the Ministry of Finance.

### **Article (16)**

#### **Executive Resolutions**

The Chairman shall issue the resolutions necessary to implement this resolution provisions.

### **Article (17)**

#### **Repeals**

Any provision that contradicts or conflicts with the provisions of this Resolution shall be repealed, and the following Resolutions shall be cancelled:

1. Cabinet Resolution No. (1) of 1995 concerning the prices of health services, fees for health certificates, health reports, and fees for licences to practice the profession of human medicine, the profession of pharmacy and pharmaceutical institutions, and amendments thereof.

2. Cabinet Resolution No. (6) of 2005 concerning imposing fees for surgical operations and hospital stays for non-citizens, and amendments thereof.
3. Cabinet Resolution No. (18) of 2013 concerning Health Card fees, treatment and diagnostic services for non-citizens.
4. Cabinet Resolution No. (3-9-223) of 2015 Session No. (9) concerning measures necessary to maintain public health, prevent disease and control infection.
5. Ministerial Resolution No. (572) of 1989 issued by the Minister of Health.
6. Ministerial Resolution No. (3418) of 1995 issued by the Minister of Health.
7. Ministerial Decree issued by the Minister of Health No. (1398) of 1996.
8. Ministerial Resolution No. (240) of 1999 issued by the Minister of Health.
9. Ministerial Resolution No. (224) of 2001 issued by the Minister of Health.
10. Ministerial Resolution No. (226) of 2001 issued by the Minister of Health.
11. Ministerial Resolution No. (340) of 2001 issued by the Minister of Health.
12. Ministerial Resolution No. (382) of 2001 issued by the Minister of Health.
13. Ministerial Resolution No. (982) of 2010 issued by the Minister of Health.

## **Article (18)**

### **Publication and Enforcement**

This Resolution shall be published in the official Gazette and shall come into force sixty (180) days from the date it is published.

**Mohammed Bin Rashid Al Maktoum**

**Prime Minister**

**Issued by Us:**

**On: 04 Shaaban 1443 A.H.**

**Corresponding to: 07 March 2022 AD**