



Department Of Health

Insurance Penalty Payment with Shafafiya COC





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1. Introduction

This guide provides detailed instructions on how to initiate Insurance Penalty Payment with Shafafiya COC service

2. Interactive Application Interface

The upcoming sections provide a comprehensive guide on initiating Insurance Penalty Payment with Shafafiya COC service from DOH portal.

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2.1. Login through the UAE PASS

- After successful login via UAE PASS, applicant to review the Users Manual for the required service.
- Select Insurance Complaints under self services as showing blow.



Figure 1 : Login Page





2.2. Dashboard

"My Dashboard" will appear as below if registering for first time with features multiple tabs, each offering functionalities.

- To initiate a new service request, the applicant should click on the 'New Request' button and then list of different services will appear.

مالـــرة الــمـــة DEPARTMENT OF HEALTH	Dashboard	Learn More	o Li	AR E	Learn More	Announcements(2) -	Logged in as:njtsqaza My Dashbo
A My Dashboard		What do you want to do?				New Request	Templates
🌲 ALERTS 💿	III MY REQUESTS 🗿	III DRAFT REQUESTS 🔇					
Son by: Select: •	Vew: 👪 🗮					Search	Advanced Search
		No Rec	ords Found.				

Figure 2: Dashboard





2.2. Dashboard

- To Select 'Insurance Penalty Payment with Shafafiya COC' from the list appearing as below .

New Service	×
Reconciliation of Health Insurance Violations (Fines Reduction)	
Health Insurance Complaints Against Old Employer	
Health Insurance Complaints Against Current Employer	
General Health Insurance Complaints	
General Enquires About Health System Financing	
Request for analyses of medical product with suspected quality defect (Pharmaceutical/ Herbal/Dietary/Cosmetic)	
O SEHI	
Clinical Complaint Request	
Insurance Penalty Payment with Shafafiya COC	
	Cancel

Figure 3: Service Link



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Applicant information :

- System will automatically fetch the applicant's information from their profiles.
- Applicants should choose option from the 'Applicant Type' dropdown list (DDL). Additionally, they can enter other required fields, such as address.

BERNATTMENT OF HEALTH	Insurance Penalty Payment & Reconciliation with Shafafiya COC	Announce	ments Logged in as:Test586 My Dashboar Learn More 🗖
Step 1 Request Details	Applicant Information		* indicates a required fi
	APPLICANT INFORMATION		
Step 2 Attachments	* TYPE OF APPLICANT	EMIRATES ID:	
	Select	784199342190156	
A Step 3	ENGLISH FULL NAME:	ARABIC FULL NAME:	
Review	NAVEEN ALLURI SURVAN	دهن القريري سوريةالرابلنا القريري	
 Sup 4 	GENDER	DATE OF BIRTH	
Record Issuance	MALE	17/08/1978	
	NATIONALITY	* MOBILE NUMBER	
	INDIA	0	
		* ADDRESS IN ENGLISH:	
	* EMAIL:		
	neenaman@hotmail.con		
	* APCRESS IN ARABIC	h	
			Activate Windows

Figure 4: Service Link





Applicant information :

- System will automatically fetch the applicant's information from their profiles.
- Applicants to select 'Applicant Type', enter other required fields; address in Arabic & English.



Figure 5: Type of Applicant





To enter the DED trade license number in case of private employer

EMPLOYER DETAILS	
DED LICENSE NUMBER: *	DOH LICENSE NO:
CN-1019762	OG00611
COMPANY ENGLISH NAME:	COMPANY ARABIC NAME:
دىرىسى CN-1019762	CN-1019762 TEST
COMPANY EMAIL: *	COMPANY PHONE NUMBER: *
	+971561992172
COMPANY ENGLISH ADDRESS: .	COMPANY ARABIC ADDRESS: •
مصفح في ا/1 مطلقاتندمات المتروفية, وجدم المالكارتلار المبلغان والارزاعة	مصطحر في 1/1 - منطقةالمندمات المتروقية وحدم الدائلاردانيره الملييات والارداعة
li	

Figure 6: Employer Details





COC Detail

- Within the 'COC Details' section, applicants will find helpful text and instructions that provide clear guidance on the rules associated with appeals and late payment fees.
- The applicant is required to input both the 'Penalty Amount' and the 'COC Reference Number'.
- After entering the 'COC Reference Number', the subsequent information will be automatically fetched from the Shafafiya system.
- COC Total Penalty Amount
- Insurance Expiry Date
- Validity Date
- Personnel Under Penalty (If exists)

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To enter the Penalty amount & COC reference number

····· · · · · · · · · · · · · · · · ·		in the second		Annuncement Leaned in at MOSTATA 587555 Mr. D	hereboard
DEPARTMENT OF HALTS	Insurance Penalty Payment wit	h Shafafiya COC	Learn More	Announcements Logged in as MUSTARA_387566 My LA	ashboard
1	COC Details COC DETAILS In case of PhylRecore la please make your pend Kindly note that the Appeal application requires cost due to non-insurance during the 30 days.	Ny payment is paid immediately, otherwise penalty will be a fee of AED 2,000 in case of company & AED200 in case of	revised for each day of delay if the penalty amount is not paid within 24 hours, yo I individual with document supporting the appeal nequest. The result of the appeal * COC REFERENCE NO: NOURANCE EXTREM DATE	ar case will be referred for the issuance of violation decision as per Health insurance law case shall be provided within 30 days from the fees payment date, and DOH will not be i	23 (2005) liable for an
	VALIDITY DATE:		WHAT WOULD YOU LIKE TO DO?:		
			Pay		
	Personnel Under Penalty				
	Showing 0-0 of 0	(A			
	Emirates ID No records found.	Unified Number	Non-Insurance Days	Pensity Amount	
	Add a Row 👻 Edit Selected Delet	e Selected			
	Save and resume later			Continue Appli	cation >

Figure 7: COC Details





To enter the Penalty amount & COC reference number

COC DE In case of I as per Hea Kindly not payment d	FALS PayNaconcile please make your penalty paym (th insurance law 23 (2005) e that the Appeal application requires a fee of late, and DOH will not be liable for any cost of	ment is paid immediately, otherwise penalty will be r # AED 2,000 in case of company & AED100 in case of due to non-insurance during the 30 days.	evised for each day of delay. If the penalty amount is not p f individual with document supporting the appeal request	aid within 24 hours, your case will be referred for the The result of the appeal case shall be provided within	e issuance of violation dec n 30 days from the fees
* PENALTY	AMOUNT:		*COC REFERENCE ND:		
2000			2027		
COC TOTA	IL PENALTY AMOUNT:		INSURANCE EXPIRY DATE:		
7000			01/07/2023		
VALIDITY I	DATE:		* WHAT WOULD YOU LIKE TO DO?:		
VALIDITY I	inel Under Penalty		•WHAT WOULD YOU LIKE TO DO: Select		
Persor	Inel Under Penalty		WHAT WOULD YOU LIKE TO DO: Select		
Persor	Inel Under Penalty INNEL UNDER PENALTY 1-2 of 2 Emirares ID	Unified Number	What Would You Like To Dor. Select Non-Insurance Days	Penalty Amount	_
Persor	Innel Under Penalty INNEL UNDER PENALTY 1-2 of 2 Emirase1D 784121456769765	Unified Number 122344222	Non-Insurance Days	Penatry Amount 1000	Action
Persor	Innel Under Penalty INNEL UNDER PENALTY 1-2 of 2 EmiraesID 784123456789765 784123456789750	Unified Number 122344222 122344765	Non-Insurance Days	Penaty Amount 1000 1000	Action

Figure 8: Information fetched from Shafafiya.





"What Would You Like to Do" Pay option for penalty amount payment.

Once all the required details are filled in, the applicant should click on the 'Continue Application' button.

Attachments :

- Depending on the type of applicant selected, specific attachments will be required.
- To Upload attachment, applicant must do the following :
- Click on "Add" button.
- Choose attachment from your files.
- Select document type , enter brief description for the attachment.
- Click the 'Save' button to finalize the upload.

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	دائيرة المحمد DEPARTMENT OF HEALTH	Insurance Pena	lty Payment θ Rec	onciliation with Shafa	ifiya COC	Learn More	Announcement	ts Logged in as:Test586	My Dashboard
tep 2:	step 1 Request Details	Please upload th	e required documents ind	icated below (if any).					
0	Step 2 Attachments	Attachment						*ind	icanes a nequired fiel
0	Step 3 Review	The following doct - Sponsor Emirates I The following doct - Supporting Docum	uments are required. D uments are optional (ple tents	ase note some documents could be ma	ndatory when requested by DOH).				
Ŧ	Step 4 Record Issuance	The maximum file size a ade, adp, application, asp	illowad is SOAB. a;bar,chru,cmd,com,cpi,dli,ea Turse	aggadgar,hta,hta,htm,html,in;(is;) Otto	jar, js, js, js, jsce, bb, ink, mda, mp3, mp3, I sear Tirviae	ma, maj, map, mar, poly, pair, aur, aur, shibi, sqi Annon	ίας 200, 9 ξνδινδενδεναζικετικα	,wit/with are disallowed file typ	ais 10 upload.
		No records found	i jui	904	Laren Upune	ACION		Continue	e Application »

Figure 9: Attachments

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				×	pl; dll; exe; gadget; hta; hta; htm; html; ins; ; msi; msp; mst; php; pif; scr; sct; shb; sqlite;
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folder			8== -		
Name	~		Date modified	Туре	
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メ オ オ	icuments		10/31/2023 1:47 PM	File folder	
					move All Cancel
< ile name: Spo	nserEmiratesID.pdf	~	All Files	> Cancel	

Figure 10: Add Attachment

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The applicant should proceed by Saving & clicking the 'Continue Application' button.

nsurance Penalty Payment & Reconciliation with Shafafiya COC	Announcements Logged in as:Test586 My Dashboard Learn More
No records found.	
* TYPE:	Remo
Sponsor Emirates ID 🔹	
Fite:	
SponserEmiratesID.pdf.pdf	
* DESCRIPTION:	
Sponsor Emirates ID Document	^
	*
Save Add Remove All	
	2
Save and resume later	Continue Application »

Figure 11: Save Attachment

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Review Page

Applicant given the chance to make final edits to their information before finalizing the application.

Land 4	Insurance Penalty Payment & Reconciliation with Shafafiya G	COC Learn More 🗖 🦉 /	Announcements Logged in as Test 586 My Dashboard
Step 1 Request Details	Save and resume later Pease review all information below. Click the 'Edit' burrons to make changes to sections or 'Com	thue Application" to more on.	Continue Application »
Step 2 Attachments	Record Type	rance Penalty Payment & Reconciliarion with Stafattya COC	
Step 3 Review	Applicant Information		
Record Insunce	APPLICANT INFORMATION Type of Applicant: Individual Englin Full Name: NAVEEN ALLURI SURYANARAYANA ALLURI Gender: MALE Nationatiy: JINDIA Ereal: newanaman@hotmail.com Address in Arabic: أموطني عالي	Emirates in: 784199342190156 Arabic Full Kame: المرية معن الأمرية معن الأمرية Date of Binh: 17/08/1978 Acobie Number: 0556005574 Address in English: Abu Dhabi	Edir
	Employer Details		
	EMPLOYER DETAILS		Edit
	COC Details		
	COC DETAILS Pensity Amount: 2000 COC: Total Pensity Amount: 7000 Validity Date: 30/10/2023	COC Reference No: 2027 Insurance Exploy Date: 01/07/2023 What would you like to do?: Pay	Edir Activate Windows
	Personnel Under Penalty		66 to Settings to activate Windows.

Figure 13: Review Page





Review Page

Applicant to read and acknowledge terms and conditions by ticking checkbox prior to submitting their request.

Attachment							
The maximum file size allowed is 5 ade;adp;applicarion;aspc;bar;chm; upload.	0 MB. cmd.com,cpl.dll.ess.gadger.hraj	heachemchemCint(isp(jar))	cjej sej son; lib; lnicmde; mp3; mp3	,m so, m si, m sp, m ar, php; pit; sor; soa; sh	b; sqline; suc; sy cyb; ybe; ybc; yad;	wowsowstwsh are disallowed	t file types
Name	Туре	Size	Laren Updare	Action			
SponserEmiratesID.pdf.pdf	Sponsor Emirates ID	437.31 KB	31/10/2023	Actions 🕶			
I certify that I have read and unit information has been omitted. 8	derstand the instructions that Sy checking the box below, I make your negative payment	accompany this appli understand and agree	cation and that the statemen that I am electronically signin benuice necesity will be reside	ts made as part of this applicati g and filing this application.	on are true, complete, and o	correct and that no materi	sl
I certify that I have read and unit information has been omitted. I In case of PayiReconcile please referred for the issuance of viola	derstand the instructions that By checking the box below, 1 make your penalty payment ition decision as per Health in	accompany this appli understand and agree is paid immediately, of nsurance law 23 (2005)	cation and that the statemen that I am electronically signir herwise penalty will be revise	ts made as part of this applicati g and filing this application. d for each day of delay. If the	on are true, complete, and o penalty amount is not paid	correct and that no materi within 24 hours, your case	si s will be
I certify that I have read and uni information has been omitted. In case of Pay/Reconcile please referred for the issuance of vibo The Appeal application requires The result of the appeal case shi	Serstand the instructions that by checking the box below, I make your penalty payment tion decision as per Health in a fee of AED 2,000 in case of all be provided within 30 day	accompany this appli understand and agree is paid immediately, of nsurance taw 23 (2005) company & AED100 in s from the fees paymer	cation and that the statemen that I am electronically signin herwise penalty will be revise in case of individual with docu it date, and DOH will not be	ts made as part of this applicati g and filing this application. d for each day of delay. If the iment supporting the appeal rec isable for any cost due to non-is	on are true, complete, and o penalty amount is not paid quest ssurance during the 30 days	correct and that no materi within 24 hours, your case s	si s will be

Figure 14: Terms & Conditions





Pay Online

- Following the 'Review Page', applicant will be directed to the online payment gateway to settle the entire penalty amount.

	ci دانيرة المحمد و DEPARTMENT OF HEALTH	Insurance Penalty Payment & Reconciliation with Shafafiya COC		AR EN Le	earn More 📄	的	Announcements
Step 4 : I	ay Fees						
≔	Step 1 Request Details	Listed below are preliminary fees based upon the information you've entered. Some fees are based on the q installed or repaired. Enter quantities where applicable. The following screen will display your total fees. Application Fees	juantity o	f work items	_		
		Fees C	Oxy.	Amount			
Ø	Step 2 <u>Attachments</u>	Violation of Scope 1 7	000	AED7,000.00	_		
		TOTAL FEES: AED7,000.00 Note: This does not include additional inspection fees which may be assessed later					
0	Step 3 <u>Review</u>						
	Step 4 Pay Fees	Pay Online » Defer Payment »					

Figure 15: Pay Penalty Amount

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Applicant can retrieve the receipt from the dashboard.

Receipt Date 0.0110023 Juny purplex lifecenty to in the integration by the integratio					Received From		NEENA AMA	111		ست من
Select * Wer # # # Serch K Select * Serch K Pool 1 off 7 K Piper 2022-000 Testa for any off 7 K SiPr-2022-000 Figure 1 K SiPr-2022-000					Receipt Date	02/11/2023	3-10-10-10	Receipt No	156277109-2	043 3-49
Select v Select v Verx IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					Location	Also Dhabi	, حملان	Application No	HSIPP-2023-00	لمعلة 10042
C Pace 1 of 17 > C Pace 1 of 17 >	Select +	Ver. 🚼 🚍		Search	Service Name	سم انصبة	Quantity		Amount 4	
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Reports Image: Control of the Contro			C Page 1 OFD 7		Payment Method		Credit Se	ervice		بة خطع
Reports Cashier Hance 14863 Shadbout 9200 14860 HSIPP-2023-000 Image: Image					Total		7,800	.00		ىخى
HSIRP-2022-000 Urance Penage Penandal Receipt		Departs			Cashier Name		Heba St	haltout		ف هدمة الحازم
HSIFF-2022-000 HSIFF-2022-000 Urrance Penatry Farmanial Receipt		Reports			Payment Method		Credit	Service		بة صفع
	nsurance Penalty Pa									

Figure 16: Financial Receipt

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Defer Payment :

- Applicant has the te option to defer payment and pay within 24 hours to avoid penalties.
- If Applicant selects defer payment, the request will be submitted, and applicant can pay later with the provided refrence number.

	Insurance Penalty Payment & Reconciliation with Shafafiya C	COC Learn More 🖸 🍺 Announcements Logged in as:Test586 My Dashboard			
Your application has been s Please print your record and	uccessfully submitted. d retain a copy for your records.				
Thank you for using our online services. Your Record Number is HSIPP-2023-0 You will need this number to check the sta	00038. tus of your application or to schedule/check results of inspections. Please print a copy of your re	record and post it in the work area.			
Your record type requires a follow-up inspection once work is completed. You may schedule the inspection now or return to schedule the inspection upon completion of the work. Choose "View Record Details" to Schedule Inspections, check status, or make other updates.					
View Record Details » Oburn	urt post the record in the work area.)				

Figure 17: Request submession

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Pending Payment application appears on "My Dashboard" for applicant to complete payment

CL IL CL CL IL CL	Dashboard			Learn More 🖿 🕅 AR 🕄 Learn More 🗖 📓 Announcements Logged in as Text 586 Mj	Dashboard
A My Dashboard			What do you want to do?	New Request Templates	
🌲 ALERTS 🙆	H MYREOU	ESTS (195)			
Sonty: Select +		Ver # 🗐		Search Advanced Search	5
Pending Payment	ii 31.85				
HSIPP-2023-000037	,				
Insurance Penalty Payment & Reco Shafafiya COC	nciliation with				
Over by	Q2 Convinents				

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