



AHMED AMIN AYAD,E221-AFE2-C2CK-2CDE ⓘ

Effective from : 01-Jun-2024 to 31-May-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000252032887

Request Date: 29-Jul-2024 14:31:12



Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

> Referral required **No referral required for specialist consultation**

> Covered: Work Injury > Covered: Road Traffic Accidents

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

Ask for Authorization

Referral Document