



ALIREZA AHAD ARDEBILIASL,G1A4-RG4C-DCDE-IDEA ⓘ

Effective from : 19-Oct-2023to 18-Oct-2024

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000253117651

Request Date: 06-Aug-2024 10:43:28



Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

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

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