



AYESHA RIFA,3A9C-323F-EFCC-7FAD ⓘ  
Effective from : 15-Nov-2023to 14-Nov-2024at Qatar Insurance Company  
Required Treatment is Dental  
Reference No: R-000000255331489  
Request Date: 21-Aug-2024 17:13:53



Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- > Referral required : **No referral required for specialist consultation**
- > Copay 50% applicable for :Orthodontics Treatment, Prosthodontics Treatment

Approval Requirements

Approval required for all treatment related to:  
Acute Drugs, Chronic Drugs, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document