



ABDELHAFID GUESSAB,784-1993-3797698-1 ⓘ

Effective from : 08-Feb-2024 to 07-Feb-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000258758701

Request Date: 12-Sep-2024 12:56:09



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