



RASHIKA RATHORE, 784-2006-1060848-9 ⓘ
Effective from : 25-Sep-2024 to 24-Sep-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000265860190
Request Date: 25-Oct-2024 14:11:34



Eligible

+ Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

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

> Work Injury : Covered

Approval Requirements

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

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

Ask for Authorization

Referral Consultant