



HUSNA NASER, 784-1990-1593829-5 ⓘ
 Effective from : 19-Jul-2024 to 31-Dec-2024
 at Qatar Insurance Company
 Required Treatment is Dental
 Reference No: R-000000267110539
 Request Date: 02-Nov-2024 10:24:06



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, Orthodontics Treatment, Periodontics Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

Attachments

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

Ask for Authorization

Referral Document